

Project Research

**Study Report on the Guidelines for the
Management of Safety for Construction
Works in Japanese ODA Projects**

Final Report

**Samples of Practical Tool for Safety
Construction Management on Site**

<Volume 3/3>

July 2013

Japan International Cooperation Agency (JICA)

The Overseas Construction Association of Japan, Inc.

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Composition of the Outcomes

The outcomes of the Project Research: “Study Report on the Guidelines for the Management of Safety for Construction Works in Japanese ODA Projects” are composed of the 3 volumes shown below.

This volume is the “Samples of Practical Tool for Safety Construction Management on Site” of the reports. See each report, other than this, for the “Main Text,” and “Guidelines (Preliminary Draft).”

First of the 3 volumes:

Main Text	
Introduction	Background of Working out the Guidelines (Preliminary Draft)
Chapter 1	Outline of the Field Study Results
Chapter 2	Current Status of Safety Management in Construction Works in Advanced Countries
Chapter 3	Review on Other Guidelines
Chapter 4	Outline of the Guidelines for the Management of Safety for Construction Works
Chapter 5	Considering the Operation Policy on the Guidelines

Second of the 3 volumes:

Guidelines (preliminary draft)	
Chapter 1	General Rules
Chapter 2	Basic Policies for Safety Management
Chapter 3	Contents of the “Safety Plan”
Chapter 4	Contents of the “Method Statements on Safety”
Chapter 5	Technical Guideline for Safe Execution (by the Type of Work)
Chapter 6	Technical Guideline for Safe Execution (by the Type of Accident)

Third of the 3 volumes: This document.

Samples of Practical Tool for Safety Construction Management on Site	
1.	Risk Assessment Form
2.	Operating Instructions
3.	Record of Meetings
4.	Weekly & Monthly Report
5.	Site Inspection Check Sheet
6.	Occupational Safety & Health Management System
7.	Partnership with Locals etc.

Project Research
Study Report on the Guidelines for the Management of Safety
for Construction Works in Japanese ODA Projects

Final Report

Samples of Practical Tool for
Safety Construction Management on Site

<Volume 3/3>

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Preface

This Safety Construction Management Booklet is the sequel to the educational material for construction workers drawn up in the Study on Safety Management for ODA Construction Work in Japanese ODA Project, February 2012.

This booklet is to be available to personnel concerned with ODA construction projects, especially the Contractors and the Engineers for the purpose of improving site control, periodical checkout and mitigating risks in order to ensure safety management. It is expected to be used mainly as a reference material to overall controllers, personnel in charge of safety measures and head offices of contractors and engineers.

We wish all entities concerned with the projects to utilize the booklet for enhancing safety management awareness and promoting safety management activities in ODA construction works.

July, 2013

1 Risk Assessment Form

1.1 Case Example 1-1

1) Outline

All possible hazards are listed for each type of work. Considering the effect to each stakeholder (including the Employer, the Contractor, the public, visitors, and young people), degree of seriousness is reckoned in numerical value. Then, degree of seriousness is multiplied by frequency rate to calculate the total risk of each type of work.

Additionally, the risk rate after taking corresponding measures on risk control is re-calculated. If the risk rate is greater than the standard rate, this type of work cannot be launched due to the site regulations.

2) Case Example

The Case Example 1-1 is on the following page.

Risk Assessment Form	Case Example 1-1
-----------------------------	-------------------------

PROJECT OCCUPATIONAL, HEALTH, SAFETY and REHABILITATION PLAN																			
RISK ASSESSMENT																			
RISK ASSESSMENT PREPARED BY																			
APPLICABLE METHOD STATEMENT						RISK ASSESSMENT PREPARED BY													
(C) HEALTH & SAFETY CONSEQUENCE S1 NEGLIGIBLE/NO EFFECT S2 MINOR INJURIES S3 MAJOR INJURIES S4 FATALITIES			(C) ENVIRONMENTAL CONSEQUENCE E1 NO EFFECT E2 MINOR EFFECT E3 MAJOR EFFECT E4 IRREVERSIBLE			(F) FREQUENCY 1 NEGLIGIBLE 2 UNLIKELY 3 LIKELY 4 PROBABLE				(RR) RISK RATING (CONSEQUENCE x FREQUENCY) (F) 1-4 INSIGNIFICANT WORK PROCEED 5-8 ACCEPTABLE WORK PROCEED 9-12 SUBSTANTIAL WORK MUST NOT START 13-16 INTOLERABLE WORK MUST NOT START				Before		After Control			
Reference	Activities	Hazard	Consequence	People affected					CON	PUB	VIS	YP	OTHER	C	F	C	F	IRR	

E : Employer VIS : Visitor
 CON : Contractor YP : Young People
 PUB : Public

1.2 Case Example 1-2

1) Outline

This is a feedback from the Contractor to the risk assessment prepared by the Engineer, an extract from the occupational safety and health documents which the Contractor submits to the Engineer. The Engineer's request to manage occupational safety and health suitable for local regulations and environment is granted by the Contractor who states that the Safety Plan Document is reviewed accordingly.

This is the case example, which shows both the Engineer and the Contractor acknowledge the importance of risk assessment and perform in coordination with each other.

2) Case Example

The Case Example 1-2 is on the following page.

Risk Assessment Form	Case Example 1-2 ①
-----------------------------	---------------------------

RFA Number [] Transmittal Ref:

		Date :
		Rev.:
		RFA Type:
REQUEST FOR APPROVAL (RFA)		
To : The Engineer		From : The Contractor
Reference in Contract :	RFA Title :	
Work Package :	Company :	
S/C RFA No :	Representative :	
Submitted by :		
EHS <input type="checkbox"/>	MEP <input type="checkbox"/>	QA/QC <input type="checkbox"/>
Engineering <input type="checkbox"/>		
Note: The attached Health and Safety Plan has been updated as per the comments received on Revision C of the same.		
RFA has been produced by :		Expected Work Start on :
RFA has been reviewed by :		
RFA has been approved by PM :		Signed :
We enclose (1) set for your comments/approval		

Received Date & Sign
----------------------	-------

ENGINEER'S APPROVAL / COMMENT (EAC)		
Engineer's Representative Name :	Signed :	Date :
Engineer's Assistant Name :	Signed :	Date :
Approval Status :		
A Approved, no exception taken. No re-submittal required. Proceed with manufacture fabrication and/or construction.		
B Approved with Comment, incorporate comments, resubmit within 7 days. Proceed with manufacture, fabrication and/or construction.		
C Rejected, incorporate comments and re-submit. Do not proceed with manufacture, fabrication and/or construction.		
ITEM	COMMENTS	STATUS
1		
2		
3		
4		
5		
6		
7		
8		

Risk Assessment Form

Case Example 1-2 ②

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

JV REPLY TO COMMENTS ON REV C

Please note the following in response to the comments received on revision C of MAR-0038. We have revised the previously submitted documents as noted below and have enclosed the revised extracts for your review and approval.

ITEM	COMMENTS	JV RESPONSE
1	Person in-charge of Emergencies on Site	Project Emergency Contact List updated and attached in Section 19 of PEHSP
2	Dust Prevention should be added under this section.(Appendix 1 – EMP Section 8)	Please see additional to Section 8 (8.1 & 8.2)
3	User of phrase “if practicable” shall be deleted under this section. (Appendix 1 – EMP Section 12)	Has been deleted.
4	Any description that can be expressed more concretely shall take way. Eg. Wheel washing roller or spray nozzle (Appendix 1 – EMP Section 12)	Wheel washing facilities (Wash Through) included with washing jet spray has been specified. We have thoroughly reviewed and updated the document and addressed the specific example.
5	Water pollution mitigation-Surface Run-off - Additional	Section 12.2 Environmental Control Details has been added as requested and reiterated on control measures in surface run off.
6	The word remain ‘marine’, Marine shall be deleted.	The word ‘marine’ has been removed from the Risk assessment as shown in Appendix 1 Project Environmental Management Plan.
7	Section 13-Risk Assessment Requested to re-examine the RA based on construction content and local condition	These have been reviewed and updated, please see Appendix 1 Environmental Management plan section13.
8	You are requested to submit revised “Work Method Statement for Environmental Monitoring Works together with revised Project Environmental Management Plan.	Attached Revised “Work Method Statement for Environmental Monitoring Works” and revised Project Environmental Plan Rev D.

Risk Assessment Form

Case Example 1-2 ③

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

ITEM	COMMENTS	JV RESPONSE
9	The Environmental Manager has still not been confirmed as of today. When can this key person be on board	The resume of Environmental Manager has been approved by XXX on 02 nd . July 2012. Refer to XXX No:

ISSUE AND REVISION COPNTROL

Rev.	Amendment	Submittal date	Approval Date	Approval Status
A	First Draft for 9 comment	22 Mar 12	9 Apr 12	C
B	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	7 Apr 12	4 May 12	C
C	Revised with changes incorporating comments from XXX and amendment to JV to JV operational health and Safety procedures.	12 June 12	25 June 12	C
D	Revised with changes incorporating comments from XXX and amendments to JV operational health and safety procedures.	4 July 12	TBA	TBA

1.3 Case Example 1-3

1) Outline

First, all hazards are identified for each category of work (Excavation and Backfill, Working at Height, Operations for Heavy Machinery and for Electricity). Then, the effects of the hazards are considered to rank risks of each type of work. Contents of specific measures such as wearing Personal Protective Equipment (PPE) or devising work procedures are to be filled in the last column (Case Example 1-3-1).

Moreover, near miss incidents (i.e. potentially serious incidents) are also to be reported likewise more serious accidents in the same format (Case Example 1-3-2). Near miss incidents, which are more likely to occur, as subjects, more data will be collected for conducting an analysis on risk assessment.

2) Case Example

The case examples 1-3-1 and 1-3-2 are on the following pages.

Risk Assessment Form	Case Example 1-3-1 ①
-----------------------------	-----------------------------

<p style="text-align: center;">Risk Assessment and Management</p> <p>Project: _____ Country: _____</p> <p>Contractors Name: _____ Contract No.: _____</p> <p style="text-align: center;">Task: Excavation and Backfill</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Identify Hazard (Potential to do harm)</th> <th style="width: 25%;">Hazard effect (if the Hazard is released)</th> <th style="width: 10%;">Risk Ranking</th> <th style="width: 20%;">Control Measures (PPE, Procedures, etc.)</th> <th style="width: 20%;">Recovery Measures</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																			<p style="text-align: center;">Project name Health and Safety Plan</p> <p>Approved: Name: _____ Signature: _____ Title: _____</p> <p>Prepared: Name: _____ Signature: _____ Title: _____</p>
Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures																																																				

Risk Assessment Form

Case Example 1-3-1 ②

Risk Assessment and Management

Project name
Health and Safety Plan

Project: _____ Country: _____
Contractors Name: _____ Contract No.: _____

Task: Working at Height

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: _____ Signature: _____ Title: _____
Prepared: Name: _____ Signature: _____ Title: _____

Risk Assessment Form

Case Example 1-3-1 ③

Appendix 7: Sample of Risk Assessment and Management

Project name
Health and Safety Plan

Risk Assessment and Management

Project: _____ Country: _____
Contractors Name: _____ Contract No.: _____

Task: Heavy Lifting Operations

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Risk Assessment Form

Case Example 1-3-1 ④

Project name
Health and Safety Plan

Risk Assessment and Management

Project: _____ Country: _____
Contractors Name: _____ Contract No.: _____

Task: Electricity

Identify Hazard (Potential to do harm)	Hazard effect (if the Hazard is released)	Risk Ranking	Control Measures (PPE, Procedures, etc.)	Recovery Measures

Approved: Name: _____ Signature: _____ Title: _____

Prepared: Name: _____ Signature: _____ Title: _____

Risk Assessment Form	Case Example 1-3-2 ①
-----------------------------	-----------------------------

Project Name: Health and Safety Plan FR: IAR-1/3																												
Appendix 4: Accident / Near Miss Report																												
INCIDENT / ACCIDENT REPORT																												
To: _____ File No.: _____																												
Details (To be completed by site engineer in charge within 24 hours)																												
Project: _____ Country _____ Contractors Name: _____ Contract No.: _____ Location of Incident: _____ Date: _____ Time: _____ Weather Condition: FINE[] RAIN[] COLD[] HOT[] Visibility: _____ Temperature _____																												
Name of Injured: _____ Nationality: _____ Dale of Birth: Day _____ Month _____ Year _____ ID NO.: _____ Sex: Male[] Female[] Occupation: _____ Activity at time of Accident: _____																												
Severity of Injury: Fatal[] Referred to Hospital[] Sent Home[] Return to Work[]																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Parts of Body Injured</th> <th style="width: 50%; text-align: center;">Types of Injury</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;">Head []</td> <td style="border: 1px solid black; padding: 2px;">Crush []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Eyes []</td> <td style="border: 1px solid black; padding: 2px;">Fracture []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Ears []</td> <td style="border: 1px solid black; padding: 2px;">Dislocation []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Face []</td> <td style="border: 1px solid black; padding: 2px;">Sever []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Neck []</td> <td style="border: 1px solid black; padding: 2px;">Laceration []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Shoulder []</td> <td style="border: 1px solid black; padding: 2px;">Puncture Wound []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Arm []</td> <td style="border: 1px solid black; padding: 2px;">Abrasion []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Elbow []</td> <td style="border: 1px solid black; padding: 2px;">Bruise []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Wrist []</td> <td style="border: 1px solid black; padding: 2px;">Sprain / Strain []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Hand []</td> <td style="border: 1px solid black; padding: 2px;">Electric Shock []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Finger []</td> <td style="border: 1px solid black; padding: 2px;">Burn []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Chest []</td> <td style="border: 1px solid black; padding: 2px;">Multiple []</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other: _____</td> <td style="border: 1px solid black; padding: 2px;">Other: _____</td> </tr> </tbody> </table>	Parts of Body Injured	Types of Injury	Head []	Crush []	Eyes []	Fracture []	Ears []	Dislocation []	Face []	Sever []	Neck []	Laceration []	Shoulder []	Puncture Wound []	Arm []	Abrasion []	Elbow []	Bruise []	Wrist []	Sprain / Strain []	Hand []	Electric Shock []	Finger []	Burn []	Chest []	Multiple []	Other: _____	Other: _____
Parts of Body Injured	Types of Injury																											
Head []	Crush []																											
Eyes []	Fracture []																											
Ears []	Dislocation []																											
Face []	Sever []																											
Neck []	Laceration []																											
Shoulder []	Puncture Wound []																											
Arm []	Abrasion []																											
Elbow []	Bruise []																											
Wrist []	Sprain / Strain []																											
Hand []	Electric Shock []																											
Finger []	Burn []																											
Chest []	Multiple []																											
Other: _____	Other: _____																											
Witness Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____ Name: _____ Company: _____ ID No: _____																												

Risk Assessment Form	Case Example 1-3-2 ②
-----------------------------	-----------------------------

Project Name:
Health and Safety Plan
FR: IAR-2/3

Appendix 4: Accident / Near Miss Report

How did Accident Occur	
Description: _____ _____ _____ _____ _____ _____ _____	Sketch(Continued on separate sheet if necessary)

How could this accident have been avoided State: _____ _____ _____

(mark x one) A – Requirements / Guidelines not prepared B - Requirements / Guidelines not appropriate C - Requirements / Guidelines not complied		Does Incident relate to the one of the following: If Yes, mark appropriately	
A	B	C	Descriptions
			Leadership and Accountability
			Risk Assessment and Management
			People, Training and Behaviours
			Working with Contractors and Others
			Facilities Design and Construction
			Operation and Maintenance
			Management of Charge
			Information and Documentation
			Customers and Products
			Community and Stakeholder Awareness
			Crisis and Emergency Management
			Incident Analysis and Prevention
			Assessment, Assurance and Improvement

	Emergency Isolation
	Ground Disturbance
	Confined Space Entry
	Working at Height
	Lifting Operations
	Vehicle Safety
	Management of Change

Does Incident relate to Dropped Objects?	
Yes	
No	

Action to prevent reoccurrence				
No.	Action	Responsible Person	Priority	Due Time
1				
2				
3				
4				
5				
6				

Risk Assessment Form

Case Example 1-3-2 ③

Project Name:

Health and Safety Plan

FR: IAR-3/3

Appendix 4: Accident / Near Miss Report

What Action is being taken to Prevent Reoccurrence?

State _____

_____ Action: Yes[] No[] Date: _____

Other Comments: _____

Name: _____ Signature: _____ Title: _____

Follow-up Review (To be completed by the Engineer's Safety Department)

Do all actions taken meet the Engineer's satisfaction ? Yes[] No[]

If No, please state further actions required: _____

Close out: Yes[] No[] Date: _____

Name _____ Signature: _____ Title: _____

The Engineer's Review and Comments

Report to the Employer: Yes[] No[] Lost Work Days: _____ Light Duty Days: _____

Name: _____ Signature: _____ Title: _____

Distribution: The Employer, The Engineer, Construction Manager, Safety Manager,.....

1.4 Case Example 1-4

1) Outline

In this case example, all possible types of accidents (including hazards and hazardous components) are identified for each type of work, and then they are considered to rate degree of seriousness. Degree of seriousness is multiplied by frequency rate to calculate the risks (which helps to decide the priorities of the countermeasures to be taken). Finally, after considering risk mitigation plans, they are listed to evaluate the risks after taking measures. It is notable that even with risk mitigation plans conducted; risk will not be zero as possibility of risk still remains. This case example resembles the Case Example 1-1.

This particular format is used for common construction work. Other formats for road construction, bridge construction, etc. are also available. Users can select to use appropriate format depending on the specific type of work and characteristics. It is considered as an example that the head office of corporation which accepted an offer and obtained OHSAS18001 tends to cope with safety management of overseas projects by a group of inspectors/persons in charge visiting applicable construction sites. .

2) Case Example

The Case Example 1-4 is on the following page.

Risk Assessment Form

Case Example 1-4 ①

1. Risk Management Sheet for Common Construction Procedures																	
Type of work	Risky machinery, tools, materials	Legislation	Common operation	Identification of potential risks (assumed accidents)	Severity: a	Degree of possibility: b	Evaluation: a/b	Priority	Emergency event	Specific measures for risk mitigation (prevention measures of harmfulness/dangerousness)	Priority on taking measures	PPE / Personal Protective Equipment	Who?	Re-occurrence: a	Degree of recurrence: b	Re-evaluation: a/b	Risks remained
1	Operation on step ladders and ladders etc.	Step ladders, ladders, tools		Falling off a ladder	6	8	48	5		Refrain from using heavy and bulky objects during operation Refrain from operation by leaning forward Refrain from operation that generate reflective force Refrain from using ladders without reads Refrain from using ladders of the height of over 1.8m Refrain from using ladders at steps and slopes Refrain from using ladders on the temporary covers for open pits Pay attention to sleeve holes etc. during operation Refrain from extending legs of ladders especially on steps Ensure to set a blade latch properly Refrain from carrying bags or bulky objects while getting on and getting off a ladder Refrain from jumping off a ladder	A	Safety belts	Workers	6	2	12	3
				Breaking of a scaffolding of a ladder	6	2	12	3	O	Pay attention to sleeve holes etc. during operation Ensure to set a blade latch properly Ensure three point mountings of a ladder Ensure to attach both sides of scaffold boards properly and tightly	A		Workers				
2	Operations on portable scaffoldings	Portable scaffoldings, tools		Falling down scaffoldings	6	8	48	5		Refrain from using heavy and bulky objects during operation Refrain from operation that generate reflective force Refrain from bending forward during operation Refrain from having more than 2 persons working on a portable scaffolding Refrain from stepping onto one portable scaffolding from another surface and at steps Adjust the length of legs properly especially when using it on rough surface and at steps Refrain from using ladders on the temporary covers for open pits Pay attention to sleeve holes etc. during operation Ensure to set a blade latch properly Refrain from extending legs of portable scaffolding especially on steps Refrain from getting on and getting off a portable scaffolding with a heavy or knobby object Refrain from jumping off a portable scaffolding	A	Safety belts	Workers	6	2	12	3
				Unstable portable scaffoldings and toppling	6	4	24	4		Refrain from using ladders on the temporary covers for open pits Pay attention to sleeve holes etc. during operation Ensure to set a blade latch properly Refrain from extending legs of portable scaffolding especially on steps Refrain from getting on and getting off a portable scaffolding with a heavy or knobby object Refrain from jumping off a portable scaffolding	EN		Workers	6	2	12	3
3	Operations on framework scaffoldings	Framework scaffoldings, step planks, ladders, vertical posts, tools		Falling off scaffoldings	10	4	40	5		Ensure preventive measures such as handrails and safety net etc. are checked thoroughly If preventive measures are not available, ensure to use safety belts Inspect scaffoldings before starting operation Keep the total weight allowed on scaffoldings below the regulation Ensure to attach both sides of scaffold boards properly and tightly (and ensure to lock supplementary posts properly)	A	Safety belts	Foreman	6	2	12	3
				Breaking and breaking apart of scaffoldings	6	4	24	4		If preventive measures are not available, ensure to use safety belts Inspect scaffoldings before starting operation Keep the total weight allowed on scaffoldings below the regulation Ensure to attach both sides of scaffold boards properly and tightly (and ensure to lock supplementary posts properly)	P		Workers	6	2	12	3

Risk Assessment Form

Case Example 1-4 ②

LAW No. 1 Year 1970 regarding Work Safety																	
4	Crane operators	Crane operation tools, lifted loads	Falling off scaffolding when getting on and getting off from improper steps	10	4	40	5	Get on and get off a scaffolding using proper steps (refrain from using braces etc.)	EN		10	1	10	3			
			Inspection of crane equipment not carried out	6	2	12	3	Check on the crane operation tools such as: shackles, clamps and wire ropes etc. before operation	A	Safety tools	Person in charge for crane operations						
			Inappropriate crane operators	6	2	12	3	Select the proper crane operation process and tools that are suitable for large loads before the launch of operation (length, shape and weight etc.)	EL		Person in charge for crane operations						
			Workers entering into crane operation area	6	2	12	3	Evacuate from the working radius before the launch of operation	A		Crane operator						
								Launch of operation after confirmation of workers' evacuation	A								
								Call for other worker's attention by whistles or microphones	A								
			Lifted loads moving back and forth and then hitting some other objects	10	4	40	5	Set a hook right above lifting loads	A		Crane operator		10	1	10	3	
								Check the balance of lifted loads just after hanging it	A								
								Re-do if unbalanced condition is recognized	EN								
								Use assisting crane to minimize falling	EN								
								Ensure to fit lifted loads tightly and use appropriate lifting hook such as wire set shack etc.	EN			Crane operator		10	1	10	3
			5	Operators with movable cranes	Movable cranes, lifted loads	Third persons' break-in to the crane operation area	6	2	12	3	Use a crane of appropriate standard according to the weight of loads	EN					
Inspection of crane equipment not carried out	6	2				12	3	Set an off-limit rule for the crane operation space	A		Person in charge for crane operations						
Inappropriate crane operators	6	2				12	3	Check on the crane operation tools such as: shackles, clamps and wire ropes etc. before operation	A	Safety tools	Person in charge for crane operations						
Workers entering into crane operation area	6	2				12	3	Dispose of defective equipment and materials	EL		Person in charge for crane operations						
								Select the proper crane operation process and tools that are suitable for large loads before the launch of operation (length, shape and weight etc.)	EN		Person in charge for crane operations						
								Evacuate from the working radius before the launch of operation	A		Crane operator						
								Launch of operation after confirmation of workers' evacuation	A								
								Call for other worker's attention by whistles or microphones	A								
Lifted loads moving back and forth and then hitting some other objects	10	4				40	5	Set a hook right above lifting loads	A		Crane operator		10	1	10	3	
								Check the balance of lifted loads just after hanging it	A								
								Re-do if unbalanced condition is recognized	EN								
								Use assisting crane to minimize falling	EN								
					Ensure to fit lifted loads tightly and use appropriate lifting hook such as wire set shack etc.	EN			Crane operator		10	1	10	3			
					Use a crane of appropriate standard according to the weight of loads	EN			Person in charge for crane operations								
					Set an off-limit rule for the crane operation space	A			Person in charge for crane operations								
					Use an appropriate crane (calculate and plan with 90% of the total capacity)	EN			Person in charge for crane operations		6	1	6	2			
					Check the ground first and fully extend outriggers	EN			Operators								
					Strictly follow the safe working load defined at zero loading capacity (crane carrying type)	A											

Risk Assessment Form

Case Example 1-4 ③

LAW No. 1 Year 1970 regarding Work Safety											
No.	Item	Frequency	Severity	Probability	Control Measures	Responsible Person	Frequency	Severity	Probability	Control Measures	Responsible Person
					Continuous measurement of lifted loads by measuring gauges through the operation	A					
					Always check the warning light and stop operation when its color changes from blue to yellow	A					
					Check the length and angle of the pin and decide the weight of lifted loads accordingly	EN					
					Check on lifting weight properly (crane carrying type)	A					
					Follow the proper operation suitable for the machine performance, especially for the safe working load etc.	A					
					Set an off-limit rule for the crane operation space	A	40	5			Chief worker
					Prohibit moving backward	A					Operators
					Follow the direction guided by site conductors	A					
					Install a safety motion sensor except small rotating type cranes	EN					
					Check on anchor wires etc.	A	12	3			Foreman
					Retain from approaching too close to road shoulders, top of the slopes, or the ditches	A	12	3			Safety belts and reflective vests for traffic navigator
					Check the stability of natural ground before starting the operation	A					Chief worker
					Do safety management under the instruction of operation manager	A	24	4			Operators
					Use a hydraulic shovel with crane function (excavator)	EN					Chief worker
					Set an off-limit rule for the crane operation space	A	40	5			Chief worker
					Prohibit moving backward	A					Operators
					Follow the direction guided by site conductors	A					
					Install a safety motion sensor except small rotating type cranes	EN					
					Drive only on instructed routes and roads	A	12	3			Drivers
					Follow the direction guided by site conductors	A					
					Confirm the signs before starting operation and give the signs in a good sight of the driver	A	12	3			Flagmen
					Set guardrails to prevent automobiles and persons from falling down	EN					Chief worker
					Set an appropriate tool for getting on and getting off and fix it well	EN					
					Grade within the truck driver's visual range	A	40	5			Site conductor
					Allocate site conductors	A					Foreman
					Display conspicuous equipment	A					Foreman
					Pay good attention to traffic hazard assessment and study the conveyance route well	A					
					Retain from transferring with staying on the rear deck	A	24	4			Workers
					Check on anchor wires etc.	A					Foreman
					Allocate site conductors	A	12	3			Workers
					Decide the appropriate height of piles (and the number of steel sheets) then manage them accordingly	A	20	4			Foreman

Risk Assessment Form

Case Example 1-4 ④

LAW No.1 Year 1970 regarding Work Safety											
No.	Content	10	1	10	3			S		Person in charge for crane operations	
	Lifeline and steel sheets are bent by pressure	6	2	12	3	Person in charge for crane operations		Safety belts			
	Common Operation 5: Movable cranes Inspection of crane equipment not carried out	6	2	12	3		Retrain from forced lift, driving and adopt vibration driving	A		Person in charge for crane operations	
	Inappropriate crane operations	6	2	12	3		Check on the crane operation tools such as shackles, clamps and wire ropes etc. before operation	EN		Person in charge for crane operations	
	Workers entering into crane operation area	6	2	12	3		Dispose of defective equipment and materials	EN		Person in charge for crane operations	
	Crane operator	6	2	12	3		Select the proper crane operation process and tools that are suitable for target loads before the launch of operation (length, shape and weight, etc.)	A		Crane operator	
	Lifted loads moving back and forth and then hitting some other objects	10	4	40	5		Evacuate from the working radius before the launch of operation	A		Crane operator	
	Falling of lifted loads	10	4	40	5		Launch of operation after confirmation of workers evacuation	A			
	Third persons' break-in to crane operation area	6	2	12	3		Call for other workers' attention by whistles or microphones	A			
	Overturn of a crane	6	4	24	4		Set a hook, right above lifting loads	A	10	1	10
							Check the balance of lifted loads just after change of load	A			
							Re-do if unbalanced condition is recognized	EN			
							Use assisting rope to minimize jolting	EN			
							Ensure to fix lifted loads tightly and use appropriate lifting tools such as wire-rope sock etc.	EN	10	1	10
							Use an off-limit rule for the crane operation space	EN			
							Use an off-limit rule (calculate and plan with 90% of the total capacity)	A			
							Check the ground (soil and fully extend outriggers)	EN			
							Strictly follow the safe working load (defined as zero loading capacity (crane carrying type))	A			
							Continuous measurement of lifted loads by measuring gauges through the operation	A			
							Always check the warning light and stop operation when its color changes from blue to yellow	A			
							Check the height and angle of the jib and decide the weight of lifted loads accordingly	EN			
							Check on lifting weight properly (crane carrying type)	A			
							Follow the proper operation suitable for the machine performance, especially for the safe working load etc.	A			
							Use an off-limit rule for the crane operation space	A			
							Prohibit moving backward	A	10	1	10
							Follow the direction guided by site conductors	A			
							Install a safety motion sensor except small mounting type cranes	EN			
							Check on anchor wires etc.	A			
	Common Operation 6: Rolling down of a hydraulic shovel	6	2	12	3		Retrain from approaching too close to road shoulders, top of the slopes or ditches	A		Operators	
							Check the ground stability before the launch of operation	A		Chief worker	
							Do safety management under instruction of operation manager	A	6	2	12
										Operators	

Risk Assessment Form

Case Example 1-4 ⑥

Incident	Location	Date	Time	Person in charge for crane operations	EL	Control Measures	Residual Risk	Personnel	Frequency	Severity	Score
Inappropriate crane operations		6	2	12	3	Dispose of defective equipment and materials. Select the proper crane operation process and look that are suitable for large load before the launch of operation (length, stage and weight etc.)	EN	Person in charge for crane operations			
Workers entering into crane operation area		6	2	12	3	Evacuate from the working radius before the launch of operation. Launch of operation after confirmation of workers evacuation. Call for other workers' attention by whistles or microphones.	A	Crane operator			
Lifted loads moving back and forth and then hitting some other objects		10	4	40	5	Set a look right above lifting loads. Check the balance of lifted load just after hanging it. Re-do when something is unbalanced. Use assisting rope to minimize jolting.	A	Crane operator	10	1	10
Falling of lifted loads		10	4	40	5	Ensure to fit lifted load tightly and use appropriate lifting tools such as wire-net sack etc. Use a crane of appropriate standard according to the weight of loads.	EN	Crane operator			
Third persons' break-in to crane operation area		6	2	12	3	Set an off-limit rule for the crane operation space.	A	Person in charge for crane operations			
Overturn of a crane		6	4	24	4	Use an appropriate crane calculate and plan with 90% of the total capacity. Check the ground first and fully extend outriggers.	EN	Person in charge for crane operations	6	1	6
						Strictly follow the safe working load defined at zero loading capacity (crane carrying type).	A	Operators			
						Continuous measurement of lifted loads by measuring gauges through the operation.	A				
						Always check the warning light and stop operation when its color changes from blue to yellow.	A				
						Check the length and angle of the jib and decide the weight of lifted load accordingly.	EN				
						Check on lifting weight properly (crane carrying type).	A				
						Follow the proper operation suitable for the machine performance, especially for the safe working load etc.	A				
Collision with a crane		10	4	40	5	Set an off-limit rule for the crane operation space. Prohibit moving backward.	A	Chief worker	10	1	10
						Follow the direction guided by site conductors.	A	Operators			
						Install a safety motion sensor except steel trailing type cranes.	EN				
Equipment falling from rear deck and hitting workers during conveyance		6	2	12	3	Check on anchor wires etc.	A	Foreman			
Collision between a truck and a site conductor		10	4	40	5	Guide within the truck driver's visual range. Allocate site conductors. Display the road shoulder.	A	Site conductor	10	1	10
Rolling down of a truck		6	2	12	3	Display the road shoulder. Allocate site conductors. Pay good attention to traffic hazard assessment and study the conveyance route well.	A	Foreman			
Falling down the rear deck of a running vehicle		6	4	24	4	Refrain from transferring with staying on the rear deck.	A	Workers	1	1	1
Equipment falling from rear deck and hitting workers during conveyance		6	2	12	3	Check on anchor wires etc.	A	Foreman			
Collision with a truck		6	2	12	3	Allocate site conductors.	A	Workers			

LAW No.1 Year 1970 regarding Work Safety

Risk Assessment Form

Case Example 1-4 ⑦

Activity	Task	Frequency	Duration	Number of Workers	Severity	Probability	Control Measures	Residual Risk	Residual Severity	Residual Probability	Residual Frequency	Residual Duration	Residual Number of Workers		
12 Concrete placement	Getting a cut by cutting blades	10	1	10	3	3	Carry out inspection of blades, safety sensors before starting operation	A	Protective masks, protective glasses and safety belts	Workers					
	Workers' clothes or glasses getting entangled in a machine	6	2	12	3	3	Carry out inspection of working clothes before starting operation	A		Workers					
	Collision between a truck and a site conductor	10	4	40	5	5	Guide within the truck driver's visual range	A	Safety belts and reflective vests for traffic navigator	Site conductor	10	1	10	3	
	Rolling down of a truck	6	2	12	3	3	Allocate site conductors Display the road shoulder	A		Foreman					
	Falling down the rear deck of a running vehicle	6	4	24	4	4	Pay good attention to traffic hazard assessment and notify the company Refrain from transferring with staying on the rear deck	A		Workers	1	1	1	1	
	Equipment falling from rear deck and hitting workers during conveyance	6	2	12	3	3	Check on anchor wires etc.	A		Foreman					
	Collision with a truck	6	2	12	3	3	Allocate site conductors	A		Workers					
	Collapse of framework structures	10	8	80	5	5	Double check the strength of false work	A	Protective masks, protective glasses and vibration proof goggles	Foreman	10	1	10	3	
	Rolling down of a concrete pump vehicle	6	2	12	3	3	Check the condition of concrete formshoring framework Divide the load (weight) into several groups	A		Workers					
	Workers getting stuck by equipment	10	2	20	4	4	Check the ground first and fully extend outriggers Wearing protective equipment (gloves)	P		Operators	8	2	16	3	
	Inspection of crane equipment not carried out	6	2	12	3	3	Check on the crane operation tools such as: shackles, clamps and wire ropes etc. before operation	A	Safety belts	Person in charge for crane operators					
	13 Setting and removal of temporary construction	Inappropriate crane operations	6	2	12	3	3	Display of defective equipment and materials Select the proper crane operation process and load that are suitable for target loads before the launch of operation (length, shape and weight etc.)	EL		Person in charge for crane operators				
Workers entering into crane operation area		6	2	12	3	3	Evacuate from the working radius before the launch of operation	A		Crane operator					
Lifted loads moving back and forth and then hitting some other objects		10	4	40	5	5	Launch of operation after confirmation of workers evacuation Call for other worker's attention by whistles or microphones	A		Crane operator	10	1	10	3	
Falling of lifted loads		10	4	40	5	5	Set a hook right above lifting loads Check the balance of lifted loads just after hanging it	A		Crane operator					
Third persons' break-in to the crane operation area		6	2	12	3	3	Re-do if unbalanced condition is recognized Use assisting rope to minimize jolting	EN		Person in charge for crane operators					
Overturn of a crane		6	4	24	4	4	Ensure to fit lifted loads tightly and use appropriate lifting tools such as wireless set etc. Use a crane of appropriate standard according to the weight of loads	EN		Person in charge for crane operators					
		6	2	12	3	3	Set an off-limit rule for the crane operation space	A		Person in charge for crane operators					
		6	4	24	4	4	Use an appropriate crane (excavator and pile) with 90% of the total capacity Strictly follow the safe working load (defined at zero loading capacity (crane carrying type))	EN		Person in charge for crane operators	6	1	6	2	

Risk Assessment Form

Case Example 1-4 ⑨

LAW No. 1 Year 1970 regarding Work Safety													
No.	Hazard	Frequency	Severity	Exposure	Control Measures	Residual Risk	Control Method	Responsible Person	Priority	Implementation Date	Implementation Status	Remarks	Score
					Check the balance of lifted loads just after change of Re-b if unbalanced condition is recognized (Use assising rope to minimize jolting		A						
	Falling of lifted loads	10	4	40	5	10	EN	Crane operator	10	1	10		3
	Third persons' break-in to crane operation area		6	2	12	3	A	Person in charge for crane operations					
	Overturn of a crane		6	2	12	3	EN	Person in charge Operators	6	1	6		2
					Comply strictly with load ratings (crane carrying type) Continuous measurement of lifted loads by measuring gauges through the operation		A	Operators					
					Always check the warning light and stop operation when its color changes from blue to yellow		A						
					Check the length and angle of the jib and decide the weight of lifted loads accordingly		EN						
					Check on lifting weight properly (crane carrying type)		A						
					Follow the proper operation suitable for the machine performance, especially for the safe working load etc.		A						
	Collision with a crane		10	4	40	5	A	Chief worker Operators	10	1	10		3
					Set an off-limit line for the crane operation space		A						
					Prohibit moving back board		A						
					Follow the direction indicated by site conductors		A						
					Install a safety motion sensor except small moving type cranes		EN						
					Confirmation of slings installment		A	Foreman					
	Equipment falling from rear deck and hitting workers during some space		6	2	12	3	A						
	Collapse of short struts and take work by man-assembly		10	2	20	4	A	Foreman	10	1	10		3
	Falling down of short struts and wallings		10	2	20	4	EN	Workers	10	1	10		3
	Falling from a short strut		10	2	20	4	A	Chief worker	10	1	10		3
					Using a safety belt properly with a main rope		A						
					Wearing protective equipment (glasses)		P	Workers					
	Eye injury by spark during cutting operation		6	2	12	3	EN	Workers					
					Set back fire preventive measure to a gas cylinder		EN	Workers	10	1	10		3
	Gas cylinder catching fire		10	2	20	4	A	Workers	10	1	10		3
	Fire breakout		10	2	20	4	EN	Workers					
					Preventing gas leakage by using soap water		EN						
					Avoiding sunlight using coverings etc.		EN						
15	Gas welding and gas welding machines oxygen acetylene												

2 Operating Instructions

2.1 Case Example 2-1

1) Outline

Case Example 2-1-1 is one of the corporate documents which informs persons concerned with the project to suspend the operation until project recommencement approval by the relevant division after taking proper countermeasures.

In relation to the above, this document is used as notification in the case a sort of hazard had been identified through corporate inspection but no countermeasure has been taken yet. This is a final notification to urge whoever in concern to take immediate actions for safety countermeasures within a given deadline (Case Example 2-1-2).

2) Case Example

The Case Examples 2-1-1 and 2-1-2 are on the following pages.

Operating Instructions	Case Example 2-1-1
-------------------------------	---------------------------

Pause Notice	
Safety Department	No.
<hr/> Section:	
<p>Safety production is a basic principle of enterprise management, by inspection, your section has a severe hazard which is not able to comply with the relevant regulations. This notice is to inform you to suspend your operation on _____, until approval by project department after correction.</p>	
C.C	
Date:	

Operating Instructions

Case Example 2-1-2

Notice of Potential Risk Correction

Project Department

Safety Serial No.

Unit: ' '

Responsibility

Last inspection found there was a potential hazard, and notified you of correction in the name of project department with safety serial No,_, but still stay unchanged until now. For safety, health and smooth production, this is a final notice of taking prompt action to rectify the present status by the date of _.

C.c.

Date:

2.2 Case Example 2-2

1) Outline

These two case examples show a checklist targeting for cranes operated under mechanized construction (Case Example 2-2-1) and a defect notification form on them (Case Example 2-2-2). The former consists of 12 check items and each check item is supposed to be filled out by a crane operator. Should one fault be found on a crane truck, the latter will be noticed and the crane truck cannot be in operation according to the site regulations. In the latter format, a crane operator should describe a fault found on a crane, for which a manager of lifting operation needs to take countermeasures and describes them in details (such as when, where and what).

2) Case Example

The Case Examples 2-2-1 and 2-2-2 are on the following pages.

Operating Instructions

Case Example 2-2-1

Form S2

Report No:

CRANE INSPECTION CHECKLIST

At the beginning of each shift or working when the crane is in use, the crane operator should carry out the following routine checks:

1. Access to the cranes cabin is free from grease or other slippery substance, which may cause a person to slip.
2. Boom is not twisted, swayed or dropped.
3. Apparent defects on the slewing table and chassis.
4. Hook block is not cracked, opened up or deformed.
5. Safety catch on the hook is not cracked, opened up or deformed.
6. Swivel ball is able to rotate freely. (If any)
7. Hoisting wire ropes are free from kink, corrosion or fraying.
8. Winch drums and winches are free from visible defects.
9. House keeping in the cabin is good.
10. All safety devices including warning horn, hoisting limit switch, trolley limit switch, slewing limit switches and overloading alarm are in good working order.
11. Clutch and brakes are in good working order.
12. Counter-weight blocks are properly sited.

All items must be properly checked and entered into record by the crane operator.

✓ -Good X -Defective (Problem) C - Corrected

No one shall operate the crane if any one of the above is not in order

Inform the lifting supervisor in-charge immediately.

Item	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
initial								

Name of Operator: _____ Date: From _____ To: _____

I.D. No: _____

Operating Instructions

Case Example 2-2-2

Form S3

Report No:

CRANE FAULT NOTIFICATION FORM

Name and Signature of Operator: _____

Crane to be operated: Mobile/Crawler/Tower LM No: _____

Location of Crane: _____

Date of Inspection: _____

Date of Notification: _____

Name of Lifting Supervisor: _____

The operator of the above mentioned crane wished to inform you (the Lifting Supervisor) that the crane has the following faults/defects after my routine check:

Please arrange to make it good.

REMEMBER ACTION TAKEN BY LIFTING SUPERVISOR

(State below Whom, What & When remedial action to be done)

ACTION COMPLETED

(State Date & Time)

Name and Signature of Lifting Supervisor: _____

_____ / _____ Date / Time: _____

2.3 Case Example 2-3

1) Outline

This form is a sample of work permission based on the statistics that there have been lots of accidents in which many newly-employed workers have been involved (Case Example 2-3-1). The types of dangerous work (such as working in confined space, in high temperature, in excavation, under high-voltage cables, and near public facilities), details of work, risk mitigation measures etc. are listed. A newly-employed construction worker is to sign this document agreeing to work under aforementioned conditions and cancellation of permit.

Similar to the above is a permission of loading operation after temporary construction work (Case Example 2-3-2). It is important as the possibility of accidents under temporary construction work is higher. Listed in this document are check items such as formwork, falsework, strutting, excavation and others. It can be recognized it is a good example in that a number of inspectors simultaneously check the temporary construction works in order to secure the safety.

2) Case Example

The Case Examples 2-3-1 and 2-3-2 are on the following pages.

Operating Instructions	Case Example 2-3-1
-------------------------------	---------------------------

Project Name:										
OCCUPATIONAL, HEALTH, SAFETY and REHABILITATION PLAN										
PACKAGE C										
PERMIT TO WORK – PF48										
WEIP/PKG...../...../48 REF*	SITE	PERMIT NO.	DATE	PERMIT VALIDITY ()DAYS: Max 7 days						
PERMIT REQUIRED FOR: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> CONFINED SPACE</td> <td style="width: 15%;"><input type="checkbox"/> HOTWORK</td> <td style="width: 15%;"><input type="checkbox"/> TO DIG</td> <td style="width: 15%;"><input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES</td> <td style="width: 15%;"><input type="checkbox"/> CLOSE TO UTILITIES</td> <td style="width: 20%;"><input type="checkbox"/> PART 1 OTHER(pls-state)</td> </tr> </table>					<input type="checkbox"/> CONFINED SPACE	<input type="checkbox"/> HOTWORK	<input type="checkbox"/> TO DIG	<input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES	<input type="checkbox"/> CLOSE TO UTILITIES	<input type="checkbox"/> PART 1 OTHER(pls-state)
<input type="checkbox"/> CONFINED SPACE	<input type="checkbox"/> HOTWORK	<input type="checkbox"/> TO DIG	<input type="checkbox"/> CLOSE PROXIMITY TO OVERHEAD POWER LINES	<input type="checkbox"/> CLOSE TO UTILITIES	<input type="checkbox"/> PART 1 OTHER(pls-state)					
DETAILS OF WORK TO BE CARRIED OUT:										
RISK CONTROL MEASURES TO BE APPLIED: (REFER TO RISK ASSESSMENT IF NECESSARY)										
SPECIFIC ATMOSPHERE MONITORING: <input type="checkbox"/> O2(19% min) <input type="checkbox"/> CH4(air-5% LEL/0.25 volume) <input type="checkbox"/> CO(50 ppm) <input type="checkbox"/> H2S(10 ppm) <input type="checkbox"/> NO2(3 ppm) <input type="checkbox"/> OTHER										
AUTHORIZATION: I certify that the location specified and detailed above has been inspected and all the precautions detailed have been taken. Subject to the said precautions being taken, the work detailed can proceed.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
RECEIPT: I certify that I have read and understood this permit and I shall ensure that the precautions detailed in PART ONE are taken:										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
CLEARANCE: The work detailed in PART ONE has been/not been completed and all the equipment and personnel have been withdrawn from the area.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										
CANCELLATION: This permit is hereby cancelled.										
Signed: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/> Print Name: <input style="width: 100px;" type="text"/>										

Operating Instructions	Case Example 2-3-2
-------------------------------	---------------------------

Project Name

PROCEDURE NO.16-SAFETY MANAGEMENT

PERMIT TO LOAD/CONTINUE – PF 83

WORKS SECTION/LOCATION: WEIP/PKG...../..... REF:	DATE:
--	-------

1. TEMPORARY WORKS ITEM (PLEASE TICK)

FORMWORK
 FALSEWORK
 STRUTTING
 EXCAVATION

OTHER (PLEASE STATE)

.....

2. INSPECTION DETAILS

A JOINT INSPECTION IS REQUESTED FOR THE ABOVE TEMPORARY WORKS TO ALLOW THE FOLLOWING ACTIVITY OF:

 TO PROCEED

DATE OF INSPECTION: REQUESTED BY:

.....

3. CONFIRMATION

I,....., CONFIRM THAT THE ABOVE TEMPORARY WORKS HAVE BEEN INSPECTED AND THAT THE FOLLOWING ACTIVITY MAY/MAY NOT PROCEED. (PLEASE REFER TO DETAILS BELOW.)

SIGNED

POSITION DATE:

.....

4. COMMENTS/DETAILS

.....

2.4 Case Example 2-4

1) Outline

These are illustrations (for operations of soil extraction, slope cutting, masonry work, spraying, retaining walls installation, pavement, placing grid concrete and culverts installation etc.), which visually explain traffic control and safety plan for the site. As the sample is a road construction under severe geological features and weather condition, which leads to a higher possibility of landslides, this document is an outcome of efforts for safety assurance of the project.

One of well-devised points of Case Example 2-4-1 is that the alignment of causeway is changed in rainy and in dry seasons. Case Example 2-4-2 is an easy to understand illustration which depicts expected danger of shotcrete which involves a number of construction machinery. In addition, accidents caused by a third party are common during construction, excavation and banking on current roads. Case Example 2-4-3 thoroughly expresses method of construction and traffic safety measures as well as arrangement of construction machinery in both a ground plan-map and a longitudinal plan-map (Case Example 2-4-3).

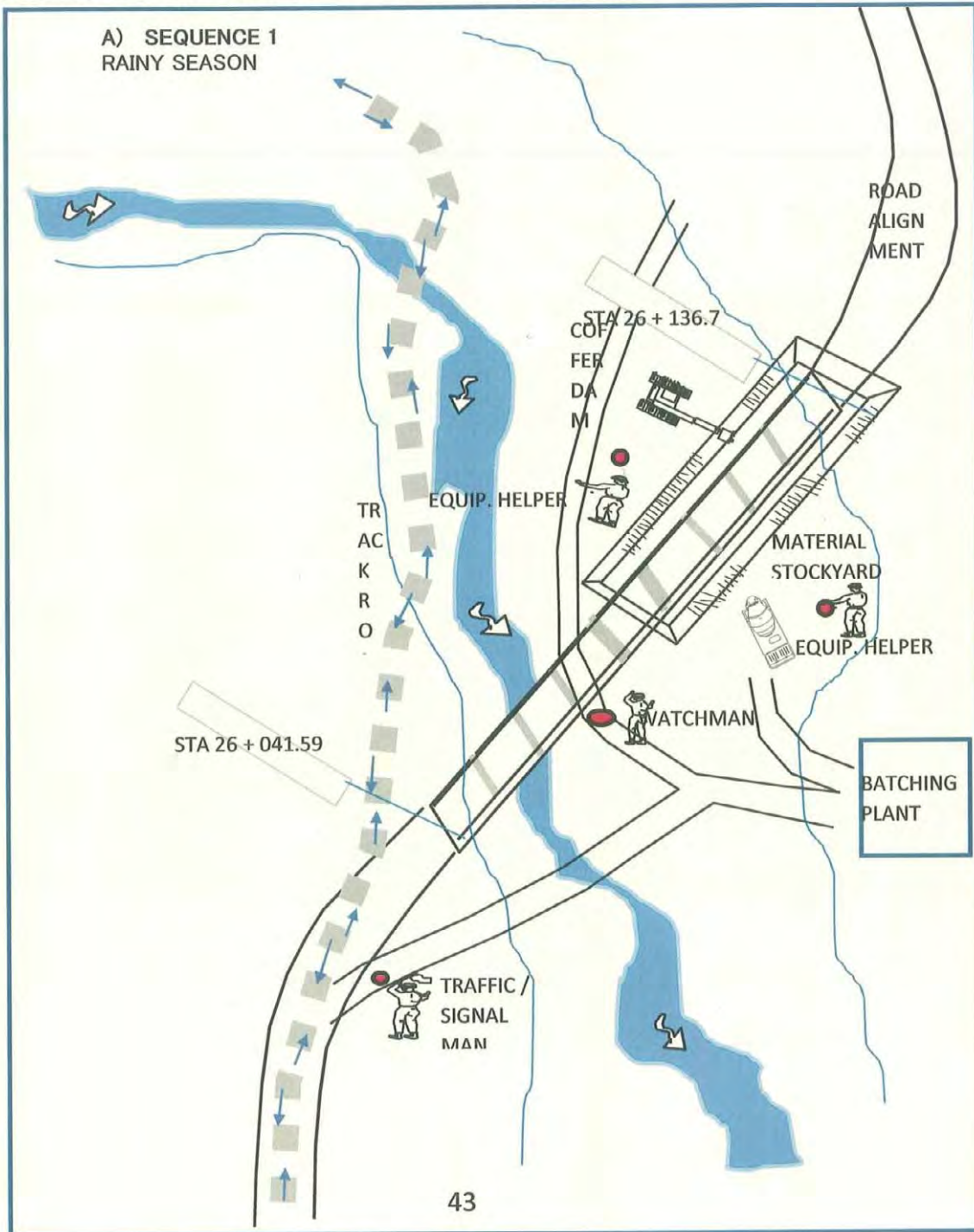
2) Case Example

The Case Examples 2-4-1, 2-4-2 and 2-4-3 are on the following pages.

Operating Instructions

Case Example 2-4-1 ①

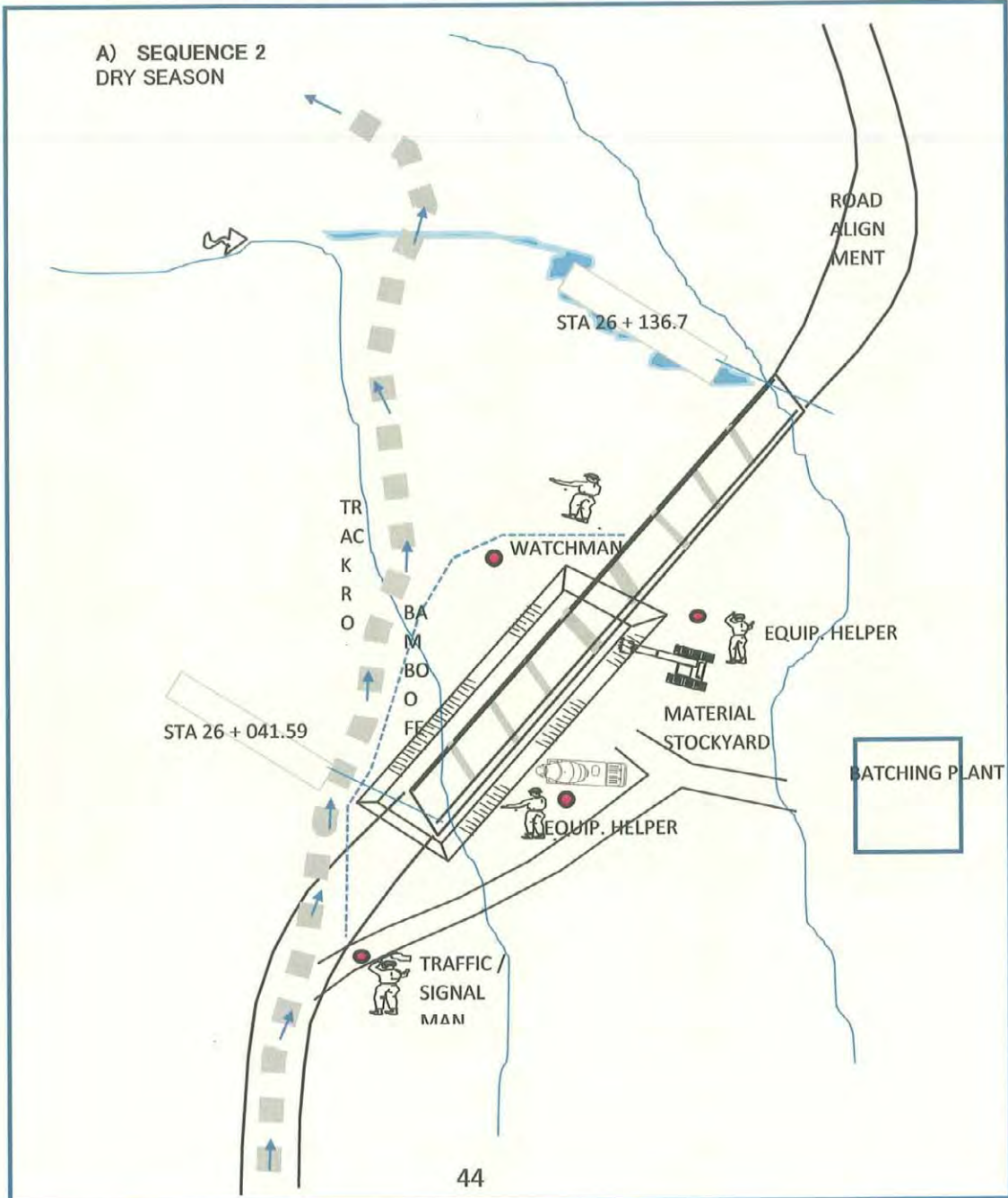
PROJECT FOR THE CONSTRUCTION OF *****
 TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



Operating Instructions

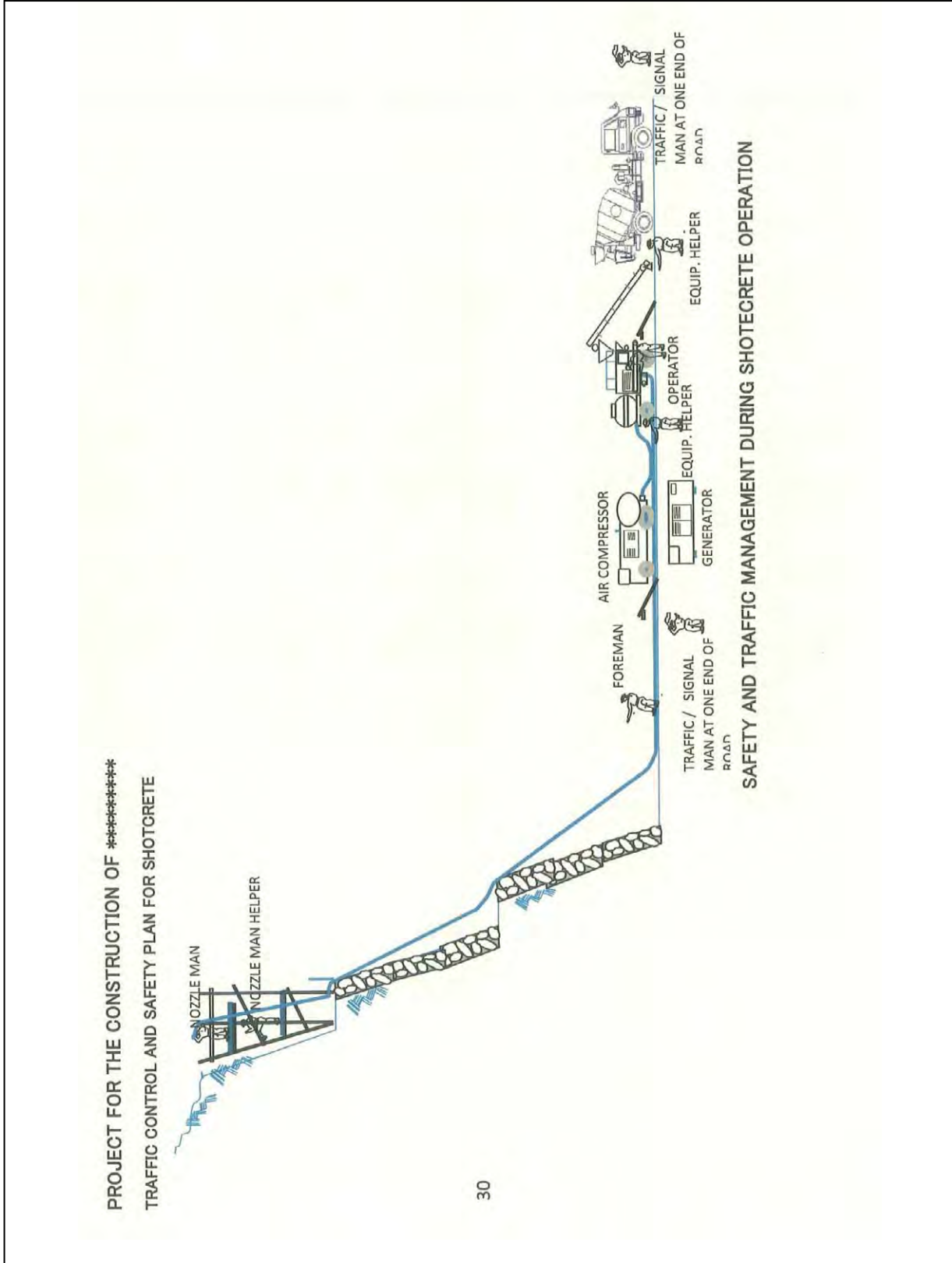
Case Example 2-4-1 ②

PROJECT FOR THE CONSTRUCTION OF *****
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



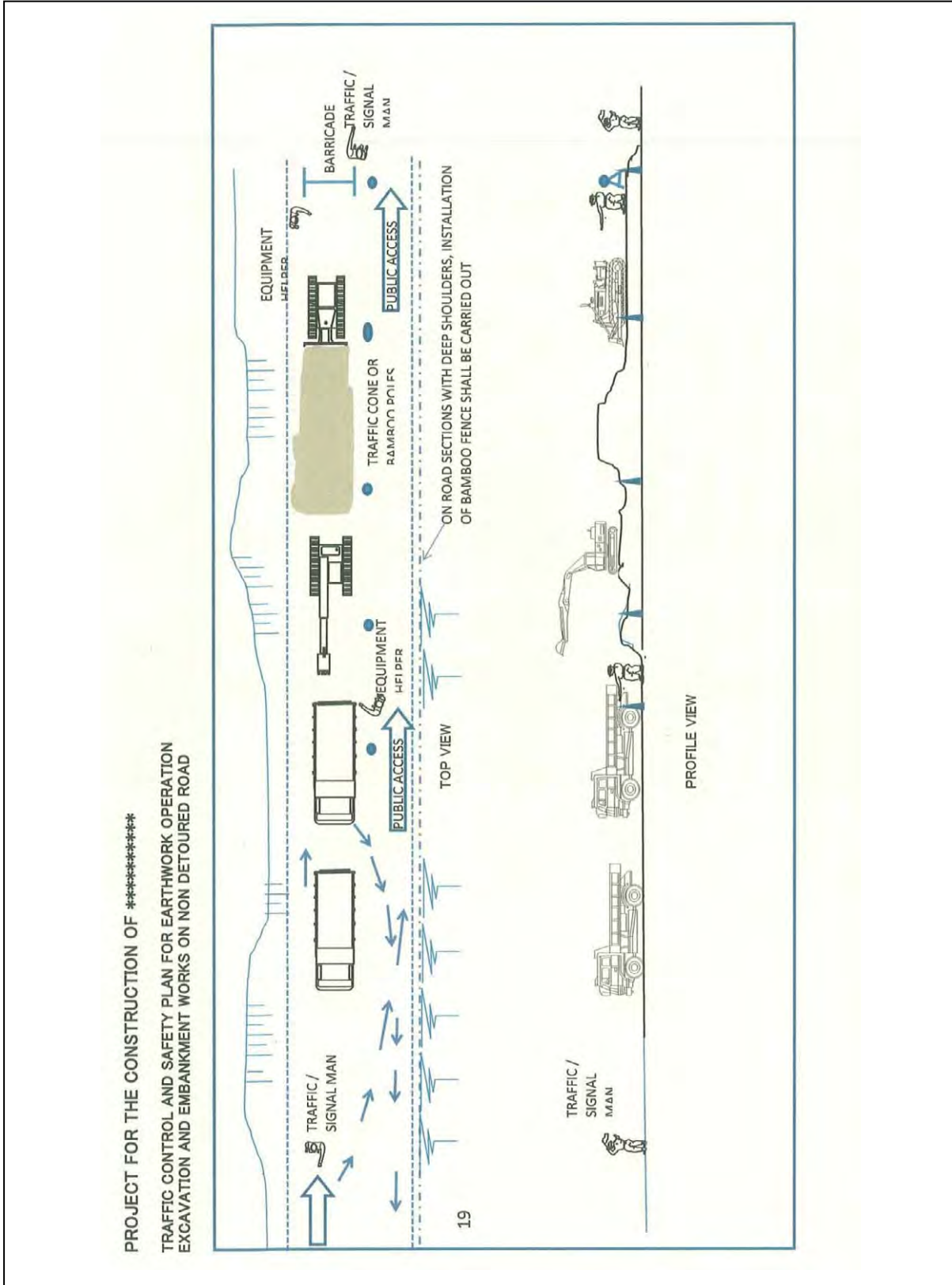
Operating Instructions

Case Example 2-4-2



Operating Instructions

Case Example 2-4-3



2.5 Case Example 2-5

1) Outline

Having already mentioned that newly-employed construction workers are more likely to encounter accidents, this document (Case Example 2-5-1) is a questionnaire for them, which intends to raise safety awareness. A newly-employed construction worker is requested to fill in ID number, company's name, qualifications and licenses obtained, contact address in emergency case, etc. and sign an oath of safety cooperation such as attending entry education course and wearing PPE etc.

Moreover, Case Example 2-5-2 is a notification form of dangerous material and harmful substances to use, which includes person in charge of handling of hazardous materials, names of hazardous materials, purposes of use, places of use, places of custody, period of use and ventilation. By signing these documents themselves, it is expected that new construction workers will be more aware for securing safety.

2) Case Example

The Case Examples 2-5-1 and 2-5-2 are on the following pages.

Operating Instructions	Case Example 2-5-1
-------------------------------	---------------------------

										DATE of new Entry			No.		
										Year	month	day			
① This questionnaire is used as basic material of where to make contact confirmation when the emergency such as the injuries is generated and main contractor's management for safety and sanitations. ② Main contractor's person in keeping properly manages and keeps ut.															
Project ID										Explanatory Notes					
First subcontractor company's name										Affiliated company's name					
Company name															
First Name					Given Name					Occupation	Years of experience	Date of birth		Age	
Alphabet					Alphabet						years	/ /			
address										TEL		. .			
The person in question fills it in without fail	Contact in emergency case	address													
		TEL						Name			Relationship				
Your qualification and license	Qualification and license name										Acquired year		Qualification and license number		
Make an oath	I attended the new entry education of this project according to the attached instruction material, I swear to work safety by observing the rule of the this project (Especially, I wear the helmet, the safety shoes, and the reflection vest without fail.), and cooperating each other.														
	date	year			month		day	Signature							
	(opinion)										Project Manager	Deputy Project Manager			Person in Charge

Operating Instructions	Case Example 2-5-2
-------------------------------	---------------------------

No.6

Sign _____

(Day) (Month) (Year)

Notification of pit dangerous material and harmful matter to use

Project office name _____
 Project manager name _____

Company name
 (Subcontractor) _____
 Person in charge _____ Sign

description

Material	Name of Material	Specification	Quantity	Description	
Purpose and using location					
Stock location					
Period of service	(Day) (Month) (Year)		to	(Day) (Month) (Year)	
Person in charge					
Control dangerous materials the person in charge					
Ventilation a way and classify					
Remarks					

- (Note)
- 1 This dangerous material is diesel oil, lamp oil, propane gas, acetylene gas.
 - 2 This harmful matter is organic solvent, specified chemical substance (using coating and waterproof).

2.6 Case Example 2-6

1) Outline

While there are quite many checklists on safety patrol, checklists on safety instructions such as this Case Example 2-6 is rare and thus valuable. Case Example 2-6 is a very stringent checklist which consists of description and drawing of safety problems, delay from limited date, reasons of delay, instructions for improvement, and limit for improvement date etc.

2) Case Example

The Case Example 2-6 is on the following page.

Operating Instructions

Case Example 2-6

Appendix 9 SAFETY INSTRUCTION REPORT		FR: SIR-01	
		Project Name	
		Date	
Date			
Year			
Month			
Year			
Reported by			
Work kind			
In charged Person's Name			
Instruction for Improvement			
Confirmation when Instructed			
Project Manager		Safety Officer	Subcontractor in charged Person
Safety Assistant		In charged Engineer	
Confirmation when Completed			
Project Manager		Safety Officer	Subcontractor In charged Person
Safety Assistant		In charged Engineer	
Penalty of Delay			

3 Record of Meetings

3.1 Case Example 3-1

1) Outline

This document is similar to a daily report format. Each worker of working groups should fill in the plan and the actual result of the daily work so that a comparison between the plan and the actual work done is clearly shown. Additionally, a number of construction machinery and its types should also be added. Attached is a ground map of work site, on which workers mark the sections they have worked. Moreover, instructions on safety, quality and environment and other notes can be added to the last column. If construction workers change day to day, the comparison between the plan and the result may be unclear.

2) Case Example

The Case Example 3-1 is on the following page.

4 Weekly & Monthly Report

4.1 Case Example 4-1

1) Outline

This case example is a simple and basic monthly report format, which includes total manpower, a number of safety meetings organized at site, a number of occupational safety awareness programs conducted at site, a number of fatal accidents, a number of other accidents and total working hours spent etc. There are two columns for each item, one for total number of the month, another for cumulative total number. It is also possible to add comments on the format. However, when considering safety management on an individual basis, there is a need to look at other documents such as patrol checklists.

2) Case Example

The Case Example 4-1 is on the following page.

Monthly Report	Case Example 4-1
-----------------------	-------------------------

MONTHLY SAFETY REPORT		
Actual Work start Date:	For the Month of:	
Project: _____	Report No: _____	
Name of the sub-Contractor:	Status as on:	
Name of work: _____	Name of Designated Safety Officer:	
ITEM	THIS MONTH	CUMULATIVE
Total Strength (Staff + Workmen)		
No of Safety Meetings organized at site		
No of HSE awareness programs conducted at site		
Whether Workmen health Policy taken		
Whether Workmen health Policy is valid		
Whether workmen registered under		
Number of Fatal accidents		
Number of Reportable Accidents (Non Fatal)		
Other accidents (Non Reportable)		
Total no of Accidents		
Total Man Hrs worked		
_____ _____ _____		
Incidence Rate _____		
No of Fire Incidents _____		
No of First Aid Cases _____		
No of Near Miss Incidents _____		
Compensation Cases _____		

No of Violations of Health and Safety provisions _____		
Remarks, if any		
Date:		
Safety Officer		
(Signature and Name)		

4.2 Case Example 4-2

1) Outline

This case example is a weekly and monthly report format regarding safety management, which consists of name of item, location, inspection result, date of action and signature (Case Example 4-2-1). It can be said that this format is more systematized than the earlier Case Example 4-2-1 as it allows the inspectors to check whether any action of countermeasures are taken on the same page. Case Example 4-2-2 is a weekly safety check sheet, thus there are less items to check. Moreover, Case Example 4-2-3 is a record of issuance of PPE in which types of PPE, name of the worker and his/her signature are to be filled. It is easy to grasp a general view.

2) Case Example

The Case Examples 4-2-1, 4-2-2 and 4-2-3 are on the following pages.

Weekly & Monthly Report

Case Example 4-2-1 ①


PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

FORM S1

Report No:

Weekly/Monthly Safety Inspection Report

Inspection Area		
Date		
Participants		

SITE LOCATION CODES

ITEM	DESCRIPTION	LOCATION	VIOLATION / OBSERVATION	ACTION BY DATE	DATE ACTIONED & SIGN
1.0	GENERAL SITE CONDITION				
1.1	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Projecting Nail <input type="checkbox"/> Debris & Scraps <input type="checkbox"/> N/A or Others, please specify		
1.2	Access & Egress		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Blocked <input type="checkbox"/> Not Provided <input type="checkbox"/> Corrective safety measures to be taken		
1.3	First-Aid Box		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Insufficient Medical Items <input type="checkbox"/> No list of qualified First-Aid Personnel <input type="checkbox"/> No "First-Aid" Mark <input type="checkbox"/> Not Provided		
1.4	Fire Extinguisher		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Maintenance Period Expired <input type="checkbox"/> Improper Hanging <input type="checkbox"/> Not Provided <input type="checkbox"/> N/A Others, please specify:		
1.5	Safety Representative Weekly Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Yet Completed <input type="checkbox"/> N/A or others, please specify		
1.6	Notice of Empl. Of Safety Officer Safety Supervisor		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Posted <input type="checkbox"/> Others please specify	
1.7	Dangerous Goods		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Labeled <input type="checkbox"/> Improper Storage <input type="checkbox"/> N/A or others, please specify		
2.0	LIFTING APPLIANCE & LIFTING GEAR				
2.1	Mobile Crane		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL clearly posted <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> Use of outriggers <input type="checkbox"/> Capacity & Lifting Radius Chart <input type="checkbox"/> Use of Signalman <input type="checkbox"/> Unauthorized riding of crane <input type="checkbox"/> Riding Loads or Hook <input type="checkbox"/> Operation Near Overhead Power Lines <input type="checkbox"/> Remote Control Status/Battery <input type="checkbox"/> Communication Device <input type="checkbox"/> Lifting Capacity Warning (Bell) <input type="checkbox"/> Travel Warning Device <input type="checkbox"/> Broken/Fatigue Failure Wires <input type="checkbox"/> N/A or Other, please specify		
2.2	Lifting Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No SWL mark or stamp <input type="checkbox"/> Broken Wires <input type="checkbox"/> No Marking <input type="checkbox"/> No Statutory Test Certificates <input type="checkbox"/> No Statutory Examination Report <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report

Case Example 4-2-1 ②

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED D & SIGN
4.0 PLANT & EQUIPMENT					
4.1	Winch or Lift		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Communication Device Defective/Malfunction <input type="checkbox"/> No Statutory Test & Thorough Examination Certificates <input type="checkbox"/> No Weekly Inspection Report <input type="checkbox"/> No SWL & Max. Person Notice <input type="checkbox"/> N/A or Others, please specify		
4.2	Woodworking Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> N/A or Others, please specify		
4.3	Abrasive Wheel		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Guards <input type="checkbox"/> No Warning Notice <input type="checkbox"/> N/A or Others, Please specify		
4.4	Arc Welding Machine		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Earthing <input type="checkbox"/> Out Going Cables w/ o Protection <input type="checkbox"/> Live Parts Not Insulated <input type="checkbox"/> Unsatisfactory. <input type="checkbox"/> N/A or Others, please specify		
4.5	Oxy-Acetylene Cutting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Flashback Arrestors <input type="checkbox"/> Not Labeled (Acetylene) <input type="checkbox"/> Not Kept Upright <input type="checkbox"/> PPE Not in use. <input type="checkbox"/> N/A or others please specify		
5.0 TEMPORARY ELECTRICAL INSTALLATION					
5.1	Distribution Board & Switch		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No ELCB <input type="checkbox"/> Unlocked <input type="checkbox"/> No Warning Sign <input type="checkbox"/> Proper earthing <input type="checkbox"/> N/A or Others, Please specify		
5.2	Outgoing Wiring, Plug & Socket		<input type="checkbox"/> No Protection Against Physical Damage <input type="checkbox"/> Satisfactory <input type="checkbox"/> No insulation <input type="checkbox"/> No Earthing <input type="checkbox"/> No Protection Against Physical Damage		
5.3	Portable Lighting		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No earthing <input type="checkbox"/> Damaged Bulb/Cover <input type="checkbox"/> N/A or Others, please specify		
5.4	Lightning Conductors		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Properly Grounded <input type="checkbox"/> N/A or Others, please specify		
6.0 WORK AT HEIGHT					
6.1	Scaffolding		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> Inadequate Bracing <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Base-Plate <input type="checkbox"/> Damage Scaffolds <input type="checkbox"/> N/A or others, please specify		
6.2	Working Platform (Fixed/Mobile)		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Damaged Scaffolds <input type="checkbox"/> No Access <input type="checkbox"/> Wheel Unlocked At Work <input type="checkbox"/> No Guard rails/toe board <input type="checkbox"/> Not Closely Boarded <input type="checkbox"/> No Monthly Inspection Report <input type="checkbox"/> N/A or Others, please specify		

Weekly & Monthly Report

Case Example 4-2-1 ③

PROJECT NAME					
<u>PROJECT HEALTH & SAFETY PLAN</u>					
ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTIONED & SIGN
6.3	Ladder		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Secured Its Top & Bottom <input type="checkbox"/> Damaged Rungs <input type="checkbox"/> Not Extended 1m At the Landing <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A or Other, please specify		
7.0	WORK PERMIT SYSTEM				
7.1	Gas Testing Report		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No yet completed/updated <input type="checkbox"/> So far not introduced <input type="checkbox"/> N/A or Others, please specify		
7.2	Communication System/Device		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Provided <input type="checkbox"/> Defective/Malfunction <input type="checkbox"/> N/A or Others, please specify		
8.0	PERSONAL PROTECTIVE EQUIPMENT & Employee Practices				
8.1	General Safety Gear		<input type="checkbox"/> Satisfactory <input type="checkbox"/> No Safety Helmet <input type="checkbox"/> Safety jacket <input type="checkbox"/> No Safety Shoes <input type="checkbox"/> No Eye Protector <input type="checkbox"/> No Ear Protector <input type="checkbox"/> No Safety Belt <input type="checkbox"/> No Dust Mask/Respirator <input type="checkbox"/> Unsatisfactory		
8.2	Employee Practice		<input type="checkbox"/> Reporting Injuries <input type="checkbox"/> Reporting Damage <input type="checkbox"/> Housekeeping <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Personal Protective Devices <input type="checkbox"/> Drunkenness <input type="checkbox"/> Horseplay <input type="checkbox"/> Unauthorized Operation <input type="checkbox"/> Unsafe Fueling Equipment <input type="checkbox"/> Unsafe Erection of Scaffold <input type="checkbox"/> Unsafe use of Ladders <input type="checkbox"/> Unsafe Lifting <input type="checkbox"/> Using Broken tools <input type="checkbox"/> Using Unsafe Welding Cable <input type="checkbox"/> Using Unsafe Power Tools <input type="checkbox"/> Unsafe use of Gas Bottles <input type="checkbox"/> Ridding with loads in truck <input type="checkbox"/> Under Suspended load <input type="checkbox"/> Unsafe Riding of Equipment <input type="checkbox"/> Open fires <input type="checkbox"/> Failure to bend/remove nails <input type="checkbox"/> Unauthorized entry		
9.0	DANGEROUS GOODS HANDLING				
9.1	Explosives		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Wooden storage boxes <input type="checkbox"/> Detonators <input type="checkbox"/> Explosives <input type="checkbox"/> Stock book maintained, order and delivery records <input type="checkbox"/> Warning labels, "Danger- Detonators" in Eng. + Singhalese <input type="checkbox"/> Blasting permit <input type="checkbox"/> Transporting of Explosives. <input type="checkbox"/> Fitness of the vehicle <input type="checkbox"/> Authorized shot firer <input type="checkbox"/> Register of blasting operations <input type="checkbox"/> N/A or others, please specify		
9.2	Compressed gas		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Designated storage area and proper use of storage <input type="checkbox"/> Security of storage area <input type="checkbox"/> Labeling <input type="checkbox"/> Warning signs <input type="checkbox"/> Not Securing gas bottles (up-right) <input type="checkbox"/> N/a OR others, please specify		

Weekly & Monthly Report

Case Example 4-2-1 ④

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
9.3	Corrosive substances		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Warning markings, handling requirements <input type="checkbox"/> Satisfactory packing <input type="checkbox"/> Absorbent near-by <input type="checkbox"/> Ventilation		
9.4	Others		<input type="checkbox"/> Poisonous substances <input type="checkbox"/> Inflammables		
10.0	AIR POLLUTION				
10.1	Generators	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking Oil <input type="checkbox"/> Others, Please specify		
10.2	Earth moving equipment	1. 2. 3 4	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.3	Vehicles, locomotives, other fuel burning engines	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Black smoke <input type="checkbox"/> Leaking oil <input type="checkbox"/> N/A or others, please specify		
10.4	Dust	1. 2. 3. 4.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Site dusty <input type="checkbox"/> Inadequate spraying <input type="checkbox"/> N/A or others, please specify		
1.0	WATER POLLUTION				
1.1	General house-cleaning		<input type="checkbox"/> Oil/diesel stains on ground <input type="checkbox"/> Garbage scattered all over the site. <input type="checkbox"/> N/A or others, please specify		
1.2	Maintenance of de-silting tank	1. 2. 3.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> N/A or others, please specify		
1.3	Neutralization Tank	1. 2.	<input type="checkbox"/> Odors <input type="checkbox"/> Oil sheen/Visible grease <input type="checkbox"/> Turbidity <input type="checkbox"/> Foam <input type="checkbox"/> Colour <input type="checkbox"/> Tank full of silt <input type="checkbox"/> No neutralization record <input type="checkbox"/> No monitoring of waste water pH <input type="checkbox"/> Containment of acid storage area <input type="checkbox"/> N/A or others, please specify		
1.4	Floor drains		<input type="checkbox"/> Signs of pouring oil/diesel into drains <input type="checkbox"/> Contaminated with chemicals (e.g. oil, diesel etc.,) <input type="checkbox"/> Blocked by debris/garbage <input type="checkbox"/> Storage of chemicals nearby <input type="checkbox"/> N/A or others, please specify		
12	EARTH POLLUTION				
12.1	Using earthmoving equipment and chemicals		<input type="checkbox"/> Oils spills on the ground <input type="checkbox"/> Chemical spills <input type="checkbox"/> Dumping waste concrete <input type="checkbox"/> Used Batteries <input type="checkbox"/> Plastics bags etc., <input type="checkbox"/> Dumping tires <input type="checkbox"/> Glasses <input type="checkbox"/> N/A or others specify		
13	HAZARDOUS MATERIAL HANDLING AND STORAGE				
13.1	Waste/garbage bins		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Pollutants (e.g. waste chemical containers, rags, and batteries etc., dumped in bins. <input type="checkbox"/> Recyclables (e.g. metal) dumped in garbage bins <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report

Case Example 4-2-1 ⑤

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
13.2	Chemical dispensing		<input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No grounding of drums <input type="checkbox"/> No Warning signs <input type="checkbox"/> No overhead covering/protection from rainwater flooding <input type="checkbox"/> Spilled chemicals in drip tray not pumped out <input type="checkbox"/> No Emergency equipment <input type="checkbox"/> Funnels not used. <input type="checkbox"/> N/A or others, please specify <input type="checkbox"/> Interaction with water <input type="checkbox"/> Strong supporter of combustion <input type="checkbox"/> Readily combustible <input type="checkbox"/> Liable to spontaneous combustion <input type="checkbox"/> Others		
13.3	Waste types		<input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> Not stored in designated drums <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive spillage on floor/ground <input type="checkbox"/> Waste chemicals on the external surface of the containers <input type="checkbox"/> No labels on drums <input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilation <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> Maximum volume not posted or maximum volume exceeded <input type="checkbox"/> N/A or others, please specify.		
13.4	Cleaning solvents	Metal works Hop	<input type="checkbox"/> No designated storage drums <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Soaking tray placed in heavy traffic area <input type="checkbox"/> No emergency equipment <input type="checkbox"/> Funnels not used <input type="checkbox"/> N/A or others, please specify		
13.5	Chemical storage		<input type="checkbox"/> No, or ineffective, bonding <input type="checkbox"/> Drums/containers not effectively closed. <input type="checkbox"/> No drip pans/ trays <input type="checkbox"/> Extensive oil/diesel spillage on ground <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> No warning signs <input type="checkbox"/> No overhead covering <input type="checkbox"/> No ventilated <input type="checkbox"/> No emergency equipment <input type="checkbox"/> No maximum storage quantity posted, or quantity exceeded <input type="checkbox"/> No inventory <input type="checkbox"/> N/A or others, please specify		
13.6	Above ground diesel tanks		<input type="checkbox"/> Extensive diesel spillage on ground <input type="checkbox"/> No bending /no drip pans when pumping diesel <input type="checkbox"/> No drip buckets for dispensing hoses/pump <input type="checkbox"/> Integrity of tank not satisfactory <input type="checkbox"/> Leaking pipes/ connectors/ pumps <input type="checkbox"/> Roof not provided <input type="checkbox"/> Located too close to storm drain inlets <input type="checkbox"/> Banding discharge valve not closed <input type="checkbox"/> N/A or others, please specify.		
13.7	Oil change		<input type="checkbox"/> No drip pans / spills / stains / housekeeping <input type="checkbox"/> Waste oil not poured into designated waste oil drums <input type="checkbox"/> Dirty oil filters dumped into garbage <input type="checkbox"/> N/A or others, please specify		

Weekly & Monthly Report

Case Example 4-2-1 ⑥

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

ITEM	DESCRIPTION	LOC	VIOLATION / OBSERVATION REMARKS	ACTION BY DATE	DATE ACTION D & SIGN
14	WASTE MANAGEMENT				
14.1	Waste types		<input type="checkbox"/> Chemical <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Radioactive <input type="checkbox"/> Construction/ work <input type="checkbox"/> N/A or others, please specify		
14.2	Storage Containers		<input type="checkbox"/> Container Integrity not satisfactory <input type="checkbox"/> No labeling <input type="checkbox"/> Drums/ containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling Instructions not posted at dispenser. <input type="checkbox"/> N/A or others, please specify		
14.3	Housekeeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> N/A or other, please specify		
14.4	Records		<input type="checkbox"/> No inventory records <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		
14.5	Storage containers		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Container integrity not satisfactory <input type="checkbox"/> No labeling - <input type="checkbox"/> Drums/containers not effectively closed <input type="checkbox"/> Waste chemical on the external surface of the containers <input type="checkbox"/> Handling instructions not posted at dispenser		
14.6	House keeping		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Miscellaneous items are stored here <input type="checkbox"/> Improper stacking of drums <input type="checkbox"/> Isle too narrow or not cleared of obstacles <input type="checkbox"/> Inadequate bounding volume <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Directly connected to drains <input type="checkbox"/> Inadequate space for handling waste containers <input type="checkbox"/> Not provided with a roof <input type="checkbox"/> Not secured by lock(s) <input type="checkbox"/> No warning signs/maximum quantity or volume <input type="checkbox"/> No emergency equipment <input type="checkbox"/> N/A or others, please specify		
14.7	Storage area		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Non-Government approved waste remover <input type="checkbox"/> Non-Government approved treatment facility <input type="checkbox"/> No shipment manifests <input type="checkbox"/> N/A or others, please specify		

SUMMARY NOTES

**Action to be taken
by**

14.8 Construction Activities

Weekly & Monthly Report

Case Example 4-2-2 ①

PROJECT NAME

PROJECT HEALTH & SAFETY PLAN

FORM S13

Report No:

WEEKLY SAFETY CHECK SHEET

Date:	Location:	Officer In charge:	
Sub Contractor:		From	To
Officer In charge			

Safety Boards (Working in the Public Roads/Places)		Sun	Mo	Tue	We	Thu	Fri	Sa
1	Sign Boards required according to the work Site							
2	Flag men with Traffic Jackets							
3	Safety Cones (sufficient number for the site)							
4	Barricade Tape							

Working Under the Bridges & Elevated Stages/ Safety Precautions

1	Safety Nets							
2	Standing Rebar Edge Protection							
3	Wooden. Gangway							
4	Guardrails							
5	Foot Bridges							
6	Walk Ways							
7	Safety Belts							
8	Safety Helmets /Chin Guard Tightened							
9	Safety Shoes/ Boots							
10	Safety of Ladders							
11	Tools & Equipments are in Good Condition							

Excavation Sites/ Collapsible Areas

1	Mechanical Condition of Excavator/JCB							
2	Underground Obstructions (Water pipe, Telecom Cables)							
3	Electricity Cables & Telecom Cables above the site							
4	Condition of Soil is Collapsible							
5	Timber pile sheets are available for Shoring							
6	Steel Sheet Piles are available for Shoring							
7	Jacks & Supports							
8	No third party shall enter in to the site							
9	First aid officer is in the site							

Safety Precaution for Night Works

1	Generators							
2	Lights 1000W / 500W							
3	Blinking Lights/Warning Lights							
4	Safety Boards							
5	Flag Men / Signal Men to Control the Traffic							
6	Permission from Relevant Authority							
7	Inform to Environment Before Commencing Work							
8	Inform to Police							

Weekly & Monthly Report

Case Example 4-2-2 ②

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

1	Check Welding Equipment is in Good Working Order								
2	Fire Extinguishers are Available								
3	Check Flammable Liquids or Aerosol Cans are around								
4	“NO SMOKING” Sign Boards								
5	Do not let anybody to watch the Arc of an Arc Welder in Operation								
6	Check Acetylene Regulator Pressures it should never be allowed To exceed 103kp								

Check Proper Protective Clothing and Equipments

1	Leather Gloves								
2	Long Sleeve Shirts or Hand Protector								
3	Eye and Face Protector Shield								
4	Goggles								
5	Helmet or Hard Hat								
6	Safety boot or shoe								

Discharge of Excess Soil

1	Is the Land Approved by the Relevant Authority?								
2	House Keeping								
3	Fire Extinguisher								
4	Traffic Control								
5	First Aid								
6	Blasting Communication								
7	Explosive Handling								
8	Unsafe Machineries & Vehicles								
9	Working under the influence of Alcohol								
10	Other Unsafe Activities (Specify)								

Special Comments:

.....

Safety Officer 	Sub Contractor's Officer In charge: Name: Designation: Signature: Sub Contractor.....
-----------------------------	---

Comments:

Project Manager

.....

Weekly & Monthly Report	Case Example 4-2-3
------------------------------------	---------------------------

PROJECT NAME
PROJECT HEALTH & SAFETY PLAN

FORM S10

Report No:

RECORDS OF ISSUANCE OF PERSONAL PROTECTIVE EQUIPMENT

Main Contractor: _____

Record by : _____

NAME	EMPL NO	HARD HAT	SHOES BOOTS	SAFETY GLOVES	RAIN COAT	SAFETY GOGGLES	SIGNATURE

4.3 Case Example 4-3

1) Outline

This is a monthly safety report. It is a simple meeting record format for monthly meetings organized by Safety Management Committee. In the format, major events, casualty reports and safety activities (meetings and safety trainings) are to be reported.

2) Case Example

The Case Example 4-3 is on the following page.

Monthly Report	Case Example 4-3
-----------------------	-------------------------

		Date of Preparation	
		Prepared by	
		Approved by	

MONTHLY SAFETY REPORT

1. Major Event

2. Casualty Report

No.	Description		This Month	Cumulative	Subcontractor		Total	
					This Month	Cumulative	This Month	Cumulative
1	Number of person	H						
2	Man hours worked	H						
3	No lost time accident	b						
4	Loss time accident <3days and less	c						
5	Loss time accident >4days and more	d						
6	Fatal accident	e						
7	Man days lost	L						
8	Frequency rate	F						
9	Severity rate	G						

Note: $F = ((d+e)/H) \times 1,000,000$ $G = (L/H) \times 1,000$

3. Safety Activity

3.1 Safety Meeting

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	General Safety Meeting for Workers				
2	Monthly Progress Meeting				
3	Weekly Meeting				

3.2 Safety Training

No.	Description	This Month			Remarks
		Date	No. of attendees	Hours of Meeting	
1	Safety orientation to new worker				
2	Tool box meeting				
3	Specific safety training				
	a)Traffic Accident				
	b)Discuss accident happen from other project				
	c)Safety Motivation for workers prior to safety promotion				
	d)Others				

5 Site Inspection Check Sheet

5.1 Case Example 5-1

1) Outline

Case Example 5-1-1 is a daily checklist for cranes. The inspection items are for engine, hydraulic system, brake system, driving system, electronic system, and safety devices. Case Example 5-1-2 is scaffold inspection list, which consists of location & description of scaffold, dates & result of inspection and a short checklist for inspection (including baseplates, ground condition, joint condition, bracing, platform, ladder, and guard rail etc.).

2) Case Example

The Case Examples 5-1-1 and 5-1-2 are on the following pages.

Inspection by Patrol	Case Example 5-1-1
-----------------------------	---------------------------

CRANE DAILY CHECKLIST – PF 95	
WORKS SECTION/LOCATION WEIP/PKG_____/_____ REF:	DATE:

EQUIPMENT/PLANT MACHINERY NUMBER	CHECKED BY NAME	DESIGNATION	SIGNATURE

No.	ITEM	CHECK DONE & DATE	COMMENTS
1	ENGINE		
	WATER LEVEL		
	OIL LEVEL & CONDITION		
2	HYDRAULIC SYSTEM		
	HYDRAULIC OIL & CONDITION		
	HYDRAULIC PUMP, MOTORS & CYLINDERS		
	CONTROL VALVE, ROTATING JOINT		
3	BRAKING SYSTEM		
	SWING BRAKE CONDITION		
	BOOM HOIST BRAKE CONDITION		
	BRKE FLUID AND CONDITION		
4	TRAVELLING SYSTEM		
	TRACK AND CRAWLER ROLLERS		
5	ELECTRICAL SYSTEM		
	FLUID LEVEL IN BATTERY		
	ELECTRICAL DISPLAY PANEL		
6	SAFETY DEVICES		
	BOOM OVER HOIST		
	OVERLOAD ALARM IF ANY		

KEY: X: NOT ACCEPTABLE – REPAIRS TO BE DONE, CRANE NOTO TO BE USED
 : ACCEPTABLE
 N/A NOT APPLICABLE TO THE CRANE

Inspection by Patrol

Case Example 5-1-2

PROJECT NAME _____

PROCEDURE NO.16 – SAFETY MANAGEMENT

SCAFFOLD INSPECTION LIST – PF52

WORKS SECTION/LOCATION: WEIP/PKG...../..... REF: _____	DATE _____
--	------------

1. WORK COMMENCEMENT – DATE _____

LOCATION AND DESCRIPTION OF SCAFFOLD	DATE OF INSPECTION	RESULT OF INSPECTION STATE WHETHER IN GOOD ORDER OR NOT	ADDITIONALNOTES	SIGNATURE OF PEERSON WHO CARRIED OUR INSPECTION

2. SHORT CHECK LIST – THIS CHECKLIST MUST BE ATTACHED TO THE SCAFFOLDING BEING INSPECTED AND CERTIFIED AS SAFE OR NOT SAFE TO USE.

BASEPLATES	ACCEPTABLE(Y/N)
GROUND	
CONDITION	
STANDARS	ACCEPTABLE(Y/N)
JOINT	
CONNECTION	
SPACING	
BRACING	

ACCESS PROVIDED	ACCEPTABLE(Y/N)
PLATFORM	
LADDER	
GUARD RAIL	
TOE BOARD	
COUPLINGS	ACCEPTABLE(Y/N)

OTHER MEMBERS	ACCEPTABLE(Y/N)

SIGNATURE: _____ NAME: _____ DATE: ____/____/____

5.2 Case Example 5-2

1) Outline

In order to thoroughly manage safety at construction site overseas, a safety inspection checklist which is a basic format of safety management system based on the head office's basic principles is prepared by the head office of contractors. Workers at construction sites are requested to select and use applicable items depending on the characteristics of work and conditions. Case Example 5-2 is a checklist prepared for common type of construction which includes items of inspection such as PPE, excavation, scaffold timbering, cleaning, dismantling, traffic safety, crane, and electricity etc. In addition, there are other specific formats for construction which deals with concrete casting, construction which involves electrical work or welding.

2) Case Example

The Case Example 5-2 is on the following page.

Inspection by Patrol**Case Example 5-2 ①**

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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SAFETY INSPECTION**1 PURPOSE**

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

2 SCOPE

Applicable to all project operations identified as hazards.

3 REFERENCE

SP-01_EHS Aspects and Hazards analysis
OCP-08_OHS Maintenance of Machinery

4 RECORDS

Relevant safety inspection records such as;
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

5 PROCEDURE**5.1 Responsibility**

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

Inspection by Patrol	Case Example 5-2 ②
-----------------------------	---------------------------

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08_OHS Maintenance of Machinery)

- 5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.
- 5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.

5.3 Safety Inspections

- 5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.
- 5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.
- 5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.
- 5.3.4 Such program shall comprise but not limited to the followings;
 - General safe work
 - Scaffolding
 - Temporary electrical installation
 - Excavation
 - Concreting and formwork
 - Hot work
 - Housekeeping, etc.
- 5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.
- 5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.

5.4 Remedial Action

- 5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.
- 5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

Inspection by Patrol**Case Example 5-2 ③**

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6 ATTACHMENT

Appendix 1 Sample for
safe work inspection checklist

Inspection by Patrol

Case Example 5-2 ④

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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Appendix 1 Sample for General Safe Work Inspection Checklist

**OHS
CHECKLIST
FOR
PROJECT
SITE**

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
1	Personal Protective Equipment		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
2	Excavation		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
3	Scaffolding		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

Inspection by Patrol

Case Example 5-2 ⑤

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
Safety Inspection		5 Feb 09	Rev 2
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
4	Housekeeping		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
5	Demolition		

Inspection by Patrol

Case Example 5-2 ⑥

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
6	Traffic Control & Road Safety		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

Inspection by Patrol

Case Example 5-2 ⑦

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator (TMA) for works on road with speed limit 70kph and above.		
7	Cranes		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
8	Electrical		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
9	Safe Means of Access		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

Inspection by Patrol

Case Example 5-2 ⑧

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
Safety Inspection		5 Feb 09	Rev 2
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
10	Piling		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
11	Falling Hazard		
11a.	Open side or opening shall be guarded or covered.		
12	Prevention of Fire		
12a.	Provision of fire extinguishers.		
13	First-Aid		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
14	Safe Place of Employment		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
15	Health Requirements		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

Inspection by Patrol

Case Example 5-2 ⑨

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15b.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15d.	Drainage - Provision and proper maintenance of drainage system.		
15e.	Sanitary – Sufficient and properly maintained toilet facilities.		
16	Others		
16a.	Non-compliance with approved procedures for beam launching work.		
16b.	Failure to control unsafe acts of workers, like pillioning on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
16c.	Failure to comply with any written law and byelaws, rules and regulations of any government ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

INSPECTED AND WITNESSED BY:

Inspection done by:
Name:

Signature, Date and Time:

Subcontractor's
Representative (if applicable)
Name:

Signature, Date & Time:

5. Site Inspection Check Sheet

6 Occupational Safety & Health Management System

6.1 Case Example 6-1

(see also Case Example 1-4)

1) Outline

This is a copy of a certificate of approval given to a corporation whose Occupational Health & Safety Management System has been certified as International Standard OHSAS 18001. In a similar case, a head office, which has obtained ISO 9000, conducts quality and safety management on construction sites.

2) Case Example

The Case Example 6-1 is on the following page.



CERTIFICATE OF APPROVAL

This is to certify that the Occupational Health & Safety Management System of:

Company Name

Address etc.

has been approved by Lloyd's Register Quality Assurance
to the following specification:

OHSAS 18001:2007

The Occupational Health & Safety Management System is applicable to:

**Project management including management of
design, construction and maintenance of
civil engineering structures and buildings.**

Approval
Certificate No: YKA 4004690

Original Approval: 11 July 2011

Current Certificate: 25 February 2012

Certificate Expiry: 10 July 2014

A handwritten signature in black ink, appearing to be 'D. Richards', written over a horizontal line.

Issued by: Lloyd's Register Quality Assurance Limited



This document is subject to the provision on the reverse
71 Fenchurch Street, London EC3M 4BS United Kingdom. Registration number 1879370
This approval is carried out in accordance with the LRQA assessment and certification procedures and monitored by LRQA.
The use of the UKAS Accreditation Mark indicates Accreditation in respect of those activities covered by the Accreditation Certificate Number 001
Marked Edition 13

6.2 Case Example 6-2

(see also Case Example 5-2)

1) Outline

This is a case where a head office, which has not obtained the international standard, establishes its own standard and conducts PDCA (Plan-Do-Check-Action) cycle based on their own policy.

2) Case Example

The Case Example 6-2 is on the following page.

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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SAFETY INSPECTION**1 PURPOSE**

To identify hazardous situations and to implement remedial action before things can develop to a point where injury or other losses can occur.

2 SCOPE

Applicable to all project operations identified as hazards.

3 REFERENCE

SP-01_EHS Aspects and Hazards analysis
OCP-08_OHS Maintenance of Machinery

4 RECORDS

Relevant safety inspection records such as;
Scaffold inspection checklist, equipment inspection checklist, General safe work checklist, etc.

5 PROCEDURE**5.1 Responsibility**

- 5.1.1 Operators are to carry out inspection of equipments or plants before work.
- 5.1.2 M&E engineer is to carry out periodical inspections for M&E equipments and plants.
- 5.1.3 Site Supervisor or foreman are to carry out site work inspections and safety reports periodically.
- 5.1.4 Safety officer and his assistants are to carry out site work inspections and safety reports periodically.
- 5.1.5 The Project Manager or his representative and Construction Managers are to carry out safety inspections monthly.

5.2 General

- 5.2.1 In addition to the safety maintenance and equipment-inspection program,

Occupational Safety & Health Management System**Case Example 6-2 ②**

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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which is an essential operating practice on every site, regular inspection of the workplace must take place.(refer to OCP-08_OHS Maintenance of Machinery)

- 5.2.2 All inspections, regardless of type, shall be taken place at intervals, as dictated by need.
- 5.2.3 Middle and senior management shall involve themselves in these inspections by taking part in nominated inspections or conducting their own.

5.3 Safety Inspections

5.3.1 Where required by contract, the Safety Officer shall on monthly basis prepare and submit the mandatory safety report to the client with endorsement of Project Manager.

5.3.2 The Safety Officer, Site Supervisor, designated personnel shall conduct various safety inspections with respective subcontractors/site personnel via various inspections checklists.

5.3.3 Further inspection program shall be developed to specify the check items, frequency, checklists, person in charge, etc.

5.3.4 Such program shall comprise but not limited to the followings;

- General safe work
- Scaffolding
- Temporary electrical installation
- Excavation
- Concreting and formwork
- Hot work
- Housekeeping, etc.

5.3.5 Appendix-1 shows the typical checklist for general safe work inspections.

5.3.6 The Safety Officer, Site Supervisor or designated personnel shall keep the inspection records.

5.4 Remedial Action

5.4.1 Inspections conducted are to be properly documented in order to specify the corrective actions required, timeframe and responsible person for the actions.

5.4.2 Follow-up is necessary to ensure that remedial works are completed on schedule as committed by the parties concerned.

Occupational Safety & Health Management System	Case Example 6-2 ③
---	---------------------------

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6 ATTACHMENT

Appendix 1 Sample for safe work inspection checklist

Occupational Safety & Health Management System	Case Example 6-2 ④
---	---------------------------

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**Appendix 1 Sample for General
Safe Work Inspection Checklist**

**OHS
CHECKLIST
FOR
PROJECT
SITE**

NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
1	Personal Protective Equipment		
1a.	Use of Safety helmets.		
1b.	Provision and use of eye protection.		
1c.	Use of safety belt.		
1d.	Provision of ear protection.		
2	Excavation		
2a.	Excavation depth > 5m to provide warning sign.		
2b.	Timber plank used for piling at least 50mm thick.		
2c.	Excavation depth > 1.2m provide access ladder.		
2d.	Excavation depth > 4m to provide PE design for shoring.		
2e.	Excavation depth > 1.5m with mechanical digger used, to provide PE design for shoring.		
2f.	Positioning of machinery in dangerous manner.		
2g.	Storage of material 610mm away from the edge of trenches.		
2h.	Failure to protect open cut slope in accordance with approved method statement or design.		
3	Scaffolding		
3a.	No wire ties.		
3b.	Proper maintenance of scaffold.		
3c.	Minimum width of working platform is		

Occupational Safety & Health Management System

Case Example 6-2 ⑤

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	635mm.		
3d.	Sign show maximum load & maximum no. of workers to be placed.		
3e.	Platform projection shall not be less than 50mm or greater than 4 times of thickness of plank used.		
3f.	Plank used shall be flushed and secured.		
3g.	Removal of construction debris from platform.		
3h.	Provision of access ladder to platform.		
3i.	Provision of guard rail for working platform exceeds 3m in height.		
3j.	Provision of bracing from top to base of scaffolding.		
3k.	Erection on solid foundation or well consolidated soil.		
4	Housekeeping		
4a.	Cause tripping and cutting hazards.		
4b.	Storage of material cause obstruction to passage way or place of work.		
4c.	Material to stored or stacked in safe manner.		
4d.	Material storage shall not cause danger to persons below or close to edge of platform.		
4e.	Debris shall not accumulated and constitute hazard.		
4f.	Provision of hoarding.		
4g.	Removal of oil, greese, water etc., in which may causes slipping hazard.		
5	Demolition		

Occupational Safety & Health Management System

Case Example 6-2 ⑥

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
5a.	Proper method of removal of debris.		
5b.	Provision of catch platform for demolition of exterior wall or roof from a point more than 12m height if persons below are exposed to falling objects.		
5c.	Erection of barricade to prevent unauthorised person(s) entering the demolition project site with warning sign display.		
5d.	Swinging weight method to provide 1.5 times height of structure demolition zone with barricade.		
5e.	Clamshell bucket used to maintain 8m demolition zone with barricade.		
6	Traffic Control & Road Safety		
6a.	Failure to provide alternative footpath and directional sign for pedestrians.		
6b.	Closing of any road or lanes leading to traffic jam of 100m or more.		
6c.	Failure to display any or adequate temporary sign, cone, rotating lamp or other indication for temporary road-lanes closure.		
6d.	Failure to maintain barricades, blinkers, rotating lamps in good working condition.		
6e.	Failure to display adequate warning sign at strategic location.		
6f.	Failure to provide barrication with suitable warning sign and light when works carry out near any roads / highways.		
6g.	Placing of equipment / machineries, debris, material or thing in such a manner as to cause obstruction to		

Occupational Safety & Health Management System

Case Example 6-2 ⑦

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	persons using the public street and pedestrian footway.		
6h.	Failure to rectify road depression or potholes immediately.		
6i.	Failure to provide collision attenuator / truck mounted attenuator (TMA) for works on road with speed limit 70kph and above.		
7	Cranes		
7a.	Sound underlying material for footing.		
7b.	Provide capacity chart.		
7c.	Indicator for safe working load correspond to radius of jib and warning sign when radius is unsafe.		
7d.	No travel of crane with suspended load.		
7e.	Provision of lifting the Site Supervisor and signal man.		
8	Electrical		
8a.	Provision of proper warning sign in 4 official languages where electrical circuit exists.		
8b.	Protective measures taken to prevent damages.		
8c.	Wiring supported on proper insulator and not looped over rails or brackets.		
8d.	No wiring shall be left on ground or floor and shall be protected.		
9	Safe Means of Access		
9a.	Safe means of access to be provide to working levels above or below ground.		
9b.	Provision of hand hold to ladder.		
9c.	Ladder shall not stand on loose bricks or		

Occupational Safety & Health Management System

Case Example 6-2 ⑧

OHS	OCECD OPERATIONAL CONTROL PROCEDURE	Section 2	
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
	loose packing.		
9d.	Ladder shall be securely fixed.		
9e.	No undue swaying of ladder.		
10	Piling		
10a.	Piling hammer shall be lowered to ground if is not in use.		
10b.	Provision of permanent ladders.		
10c.	Warning sign provided at 50m away from test pile area.		
10d.	Sound footing for advancing of pile driver.		
11	Falling Hazard		
11a.	Open side or opening shall be guarded or covered.		
12	Prevention of Fire		
12a.	Provision of fire extinguishers.		
13	First-Aid		
13a.	Provide and maintain First-Aid boxes.		
13b.	Employment of first aider for factory more than 25 persons.		
14	Safe Place of Employment		
14a.	All places of work, floors, steps, stairs, passages, gangways, must be properly maintained and free from obstruction.		
14b.	Secure foothold & handhold shall be provided if a person is liable to fall from more than 3m; provision of safety belt, fencing, net and secured anchorage.		
15	Health Requirements		
15a.	Cleanliness – Work place to be kept clean and free from effluents.		

Occupational Safety & Health Management System	Case Example 6-2 ⑨
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NO	DESCRIPTION	Report of visit (tick if observed or NA if not applicable)	Location & other remarks
15b.	Ventilation-Provision of ventilation for work place which generate harmful gases, vapours or other impurities.		
15c.	Lighting - Provision and maintain sufficient & suitable lighting.		
15d.	Drainage - Provision and proper maintenance of drainage system.		
15e.	Sanitary – Sufficient and properly maintained toilet facilities.		
16	Others		
16a.	Non-compliance with approved procedures for beam launching work.		
16b.	Failure to control unsafe acts of workers, like pillioning on dumpers / excavators / cranes, improper use of connectors / plugs for electrical equipments, etc.		
16c.	Failure to comply with any written law and byelaws, rules and regulations of any government ministry, statutory boards or other authorities which are applicable or relevant to the execution of the works.		

INSPECTED AND WITNESSED BY:

Inspection done by: Name: Signature, Date and Time:	Subcontractor's Representative (if applicable) Name: Signature, Date & Time:
---	---

6.3 Case Example 6-3

1) Outline

This format is a record for toolbox meeting in which contents of works for the day, attentions on safety, health and hygiene, methodologies for work and signatures of all attendees are to be filled. (Case Example 6-3).

Likewise toolbox meetings, "Three Five-Minute Activity Campaigns": 1) five-minute safety talks before starting work, 2) five-minute safety confirmation at the start of work and 3) five-minute cleaning before ending work, are practiced by this corporation. Samples of documents are omitted in this case.

2) Case Example

The Case Example 6-3 is on the following page.

Occupational Safety & Health Management System	Case Example 6-3
---	-------------------------

FR:TBM-01

Signature Chữ kí

Toolbox Meeting
Báo cáo an toàn hàng ngày

Site Công trường		Date (ngày)	
Cooperation company		Foreman Đốc công	
Today's content of work (Nội dung công việc)		Safety hygiene attention (Chú ý về an toàn)	
1.			
2.			
3.			
4.			
5.			
Clean up the working place 10 minutes before ending work. (Dọn dẹp công trường thi công 10 phút trước khi ra về).			
We do so. (measures). Biện pháp đảm bảo an toàn		Check before it works (The check is o sign.) Kiểm tra trước khi làm việc	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
All workers' signatures Chữ kí của tất cả công nhân	Number of people Số lượng người	Attention Chú ý · Take proceedings of the safety meeting after the morning gathering, and pass the person in charge each foreman. - Buổi họp an toàn bắt đầu sau khi tập thể dục buổi sáng. · All worker names are signatures of own handwriting. - Lấy chữ kí của tất cả công nhân. · To newcomers put o sign to the own handwriting signature column, and let them receive the newcomer education. - Thành viên mới phải kí vào trong cột chữ kí.	
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.		
8.	8.		
9.	9.		
10.	10.		
We finished our work without accident so that I report and leave. Chúng ta phải kết thúc công việc mà không có tai nạn. Đến cuối ngày đốc công phải báo cáo cho cán bộ an toàn.		Foreman: Đốc công	

6.4 Case Example 6-4

1) Outline

This is another toolbox meeting format which differs slightly from the earlier example, Case Example 6-3-1. It consists of fill-out forms of the work, quality and safety attentions and safety instructions posed by contractors. It also works as risk assessment sheet as it requires each worker to check by him/herself on potential risks, hazards and preventive measures that should be taken on the day.

2) Case Example

The Case Example 6-4 is on the following page.

Occupational Safety & Health Management System

Case Example 6-4

Tool Box Meeting Record

Date		Year		Day		Month		Hour		Company name		Person in charge	
------	--	------	--	-----	--	-------	--	------	--	--------------	--	------------------	--

Person's name (In own handwriting and the full name).

ID. No.	Name	ID. No.	Name	ID. No.	Name	ID. No.	Name	ID. No.	Name
1		6		11		16		21	
2		7		12		17		22	
3		8		13		18		23	
4		9		14		19		24	
5		10		15		20		25	

(1) Content of meeting

Description of works	Safety instruction and notes
Quality, environmental instruction, and notes	

(2) Today's risk assessment

1. Potential Risk/Hazard(What's the risk today?)	2. Preventive Measure(How are you prevent?)

Where there an injury or neither sickness nor leaving work before finish time, etc.	No	Yes	Person in charge	Project M	Duty Safety
Note					

Tool Box Meeting

6.5 Case Example 6-5

1) Outline

This is a sample of reviewed Safety Plan Document. This extract of Safety Plan Document is shown as Case Example 6-5.

2) Case Example

The Case Example 6-5 is on the following page.

and improvement.

6. Management Review

6.1 Site safety Management Committee (SSMC)

Objective and Function

A Site Safety Management Committee (SSMC) shall be established to review and monitor the implementation of the safety plan, effectiveness of the safety and health measures taken and seeking the co-operation and commitment of staff at all levels. The SSMC meeting will be held every month with participants of Representatives from the Employer and the Consultant, with Contractor representatives.

Other than SSMC meeting the management having weekly progress meeting held on site office every Sunday, during this meeting discussing all weekly safety aspects and correction requirements discuss with management.

Terms of Reference:

1. To ensure the implementation of project safety plan or the contractor' site safety obligations set out in the contract;
2. To review and monitor the effectiveness of the safety and health measures taken on sit and recommend for improvement;
3. To review the established safety rules, risk assessments or safe working procedures.
4. To discuss hazards associated with the sit operations and necessary safety precautions.
5. To co-ordinate the interface safety measures of all subcontractors, utility undertakers or other construction parties working on the site;
6. To promote safety publicity and training;
7. To discuss and review the emergency and rescue procedures;
8. To review accidents those have occurred so as to recommend measures to prevent recurrences;
9. To review the accident statistics and safety performance of subcontractors;

Organization:

Chairman: Project Manager

- To chair the committee meeting and make final decision for opinions or disputes arising from the meeting.

Secretary: Safety Manager / Safety Officer

- To call meetings, professional OHC advices; take meeting minutes and follow-up matters

6.6 Case Example 6-6

1) Outline

This document shows the amendment process of Safety Plans submitted by a corporation which controls PDCA cycle based on its own standard of safety management.

2) Case Example

The Case Example 6-6 is on the following page.

SECTION 1 : SAFETY POLICY STATEMENT

SAFETY AND HEALTH POLICY

Safe construction is a social commitment that all companies should fulfill. We strive for the consolidation and the improvement of the safety and health environment so that all workfolk can feel secure, and also being accepted from society with the confidence and empathy as the basis of corporate activities of "Thorough Pursuit of Safety First".

1. ELIMINATION OF ACCIDENT AND INJURY

We not only comply with the provisions of Occupational Safety and Health Regulations and Health Regulations and Our Construction Safety and Health Control, but also aim to eliminate all accidents and injuries with responding to the variety situations and managing the adequate safety and health.

Especially to the specified works as "Priority Measures" and "Priority Dangerous Work and Dangerous Work", we attempt to prevent any accident with concentrated efforts.

2. ACCIDENT PREVENTION TO THIRD PARTIES

Accidents to the community must be definitely avoided with every imaginable means. Particularly for the construction at urban districts, the construction plan that includes the measures of accident prevention to the third parties as the most important aspect should be drawn up and implemented thoroughly.

3. IMPROVEMENT OF SAFETY AND HEALTH STANDARDS

We strive for the education of safety and health to the project office persons involved and enhance the standard level of safety and health continuously with managing the cycle of "Plan- Do - Check- Act" (=Improvement) appropriately Based on "Occupational Health and Safety Management System" that specifies in reducing any risk at the job site steadily.

Under these policies, all employees of ○○ and subcontractors should bring together their own management skills and enthusiasm for safety, and strongly develop the compulsory activities of safety and health management.

7 Partnership with Locals etc.

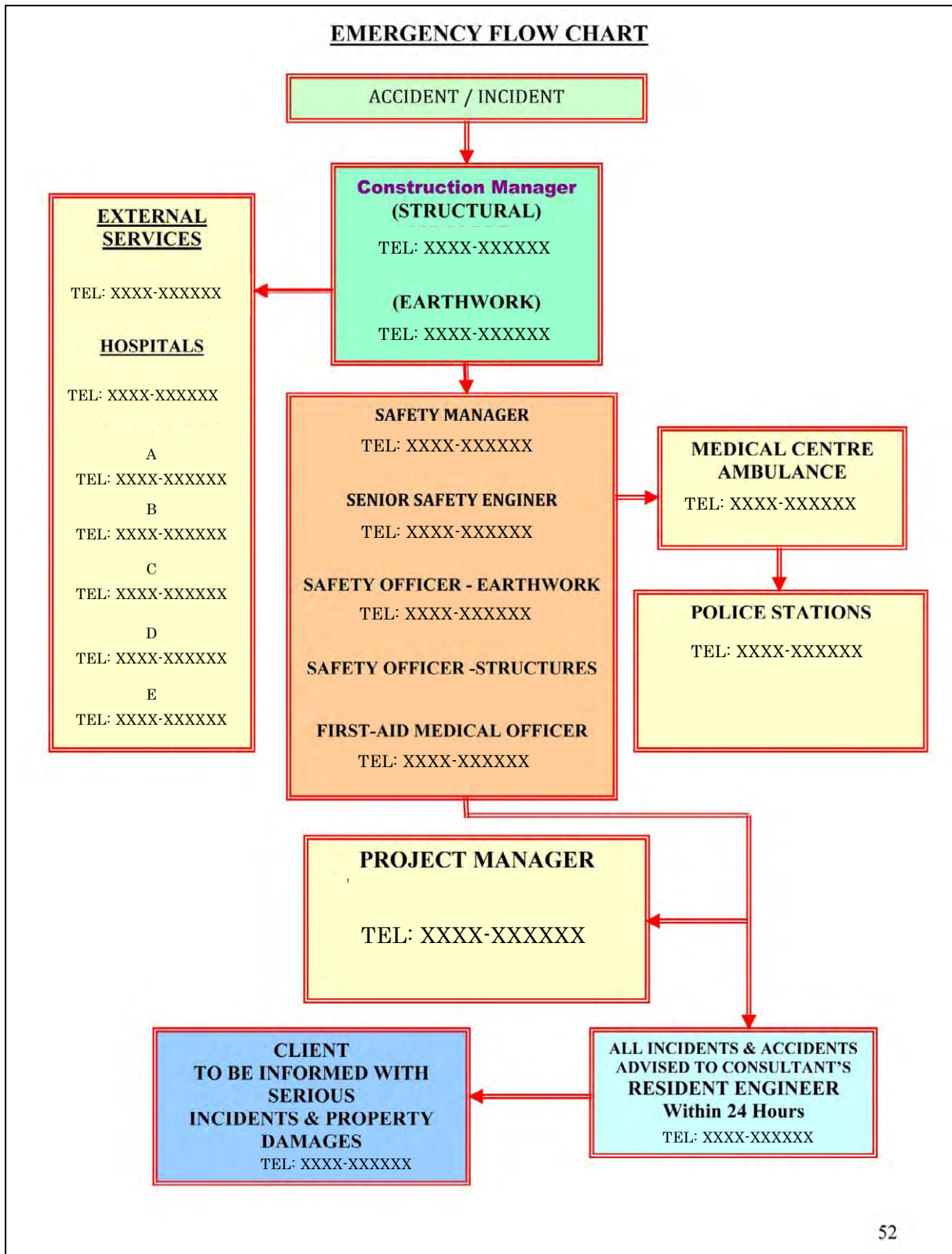
7.1 Case Example 7-1

1) Outline

This is an emergency flow chart which shows contact addresses of person(s) in charge of the project and relevant agencies (the Engineer and the Employer). It also includes contact addresses of the police station, the fire station, and the major hospitals.

2) Case Example

The Case Example 7-1 is on the following page.



7.2 Case Example 7-2

1) Outline

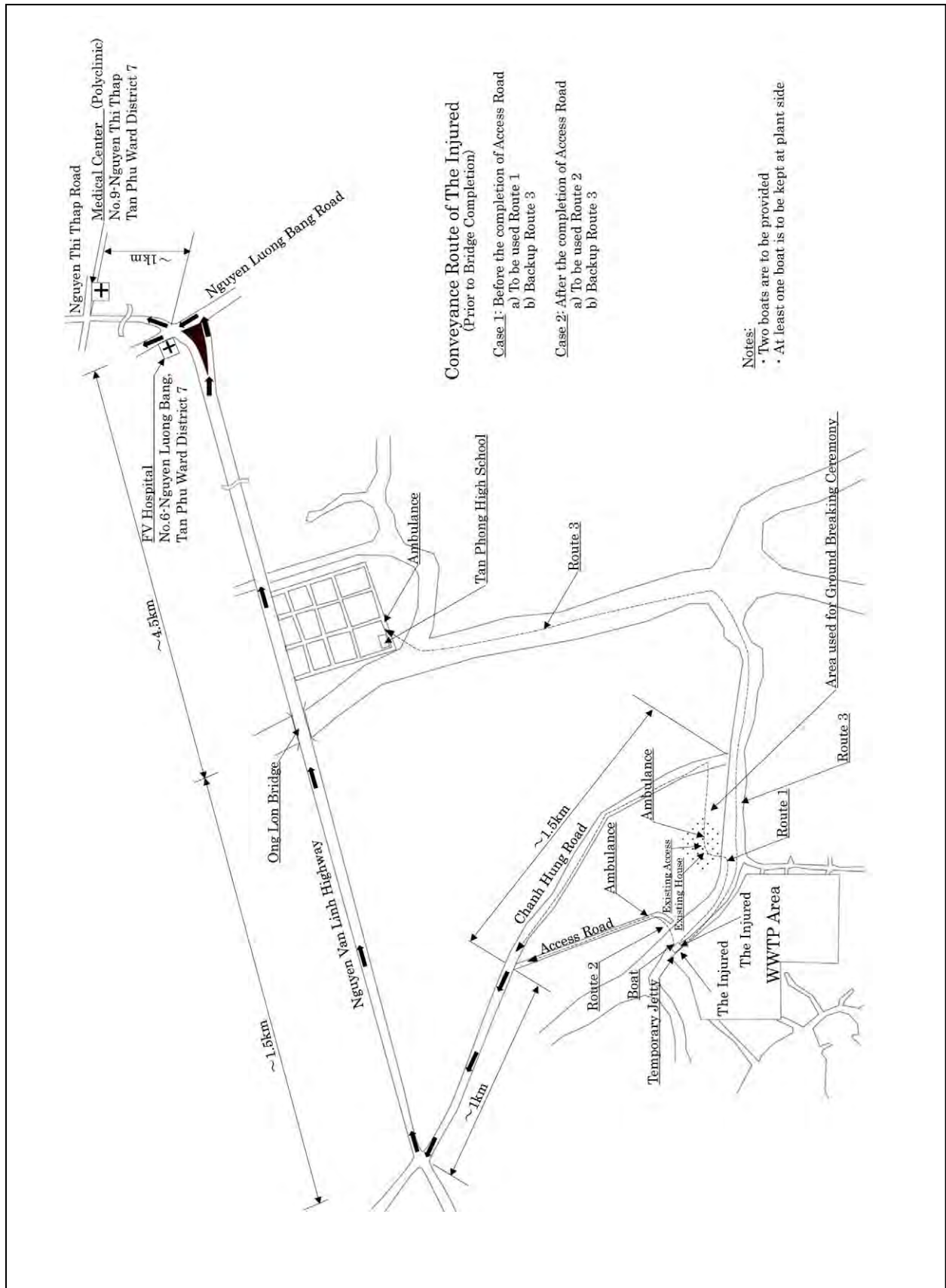
In addition to the emergency flow chart, this document is elaborated to use a route map for obtaining easy understanding of conveyance of the injured (the route which should be taken to send injured workers to the hospital) (Case Example 7-2). The main priority and focus of safety management are placed on the workers at construction site. This corporation conducts monthly safety meetings, suggest initiatives and review safety management activities, in order to further develop safety awareness and improve measures of safety management.

2) Case Example

The Case Example 7-2 is on the following page.

Partnership with Locals etc.

Case Example 7-2 ①



Partnership with Locals etc.

Case Example 7-2 ②

PROJECT NAME

PROJECT SAFETY PLAN

		appropriate measures to be taken; <ul style="list-style-type: none"> • Review of sub-contractors safety performance. 	
Monthly	Project Manager Construction Managers Chief manager The Engineer The Employer Subcontractors Project Manager	<ul style="list-style-type: none"> • Present overall safety performance and statistics of the Project; • Identify good practice and bad practices; • Identify the following months training program; • Appraise the participants of the training carried out to date; • Proposal of incentives; • Open discussion; 	<ul style="list-style-type: none"> • Contained in the Monthly Report and presentation material;

3.04**Safety Information and Training**

With reference to the OHSRP Section 7, the training and briefing are in principle the same:

Safety Inductions

All persons that are and shall be engaged on this Project shall be required to undergo an initial Safety Induction. The Safety Induction shall be conducted in English and Vietnamese. The Safety Manager and/or delegates shall conduct the Safety Induction. The Safety Induction is mandatory to any person wishing to visit/enter/work on or within the Project site. The induction shall include but not limited to:

7.3 Case Example 7-3

1) Outline

This shows an example of safety management plan at the construction site where there is a high possibility of influence from active volcanoes. The plan states own evacuation policy and the monitoring system specified this volcanic environment, which are both mentioned in Safety Plan Document.

2) Case Example

The Case Example 7-3 is on the following page.

13.4.7 Evacuation Plan

13.4.7.1 Introduction

The project area is located at foot of Mt. Merapi, which is one of the most active volcanoes in Indonesia. Merapi volcano activity is characterized by a very frequent eruption ranging from 1 to 5 years of time duration, (last eruption took place in 2006), and eruption is usually accompanied by the debris flows which occur with intensive rainfall.

Therefore, in case an eruption or debris flow took place during construction period, evacuation plan shall be prepared properly to ensure workers' lives and the Employer and the JO's properties.

13.4.7.2 Collection of Volcanic, Weather Information

a) Governmental observatory

Volcanic and weather information are provided from monitoring post under the control of Volcanologi office established by Indonesian Government for monitoring volcanic activities. There are three monitoring post office around the project area, which are Babadan, Turgo and Balerante. Table 5 shows names of monitoring post and facility codes which are related to nearest monitoring post. Emergency information as to volcano activities and weather is transmitted through HT. In view of this at least one HT shall be allocated each site with specified frequency.

The JO's supervisors and safety staff shall always pay adequate attention to those information and in case intercepting alert signal they shall make workers and equipments evacuate from site to secure place as soon as possible.

Form 12 - Working Safety Plan

Table 5. Monitoring Post

No	Observatory	River Basin	Facility Code
1	Babadan	Apu	AP-RD2, AP-RD1a
		Pabelan	PA-RD2, PA-RD5
		Trising	TR-RD1, TR-RD8
		Senowo	SE-RD5, SE-RD6a
2	Turgo	Blongkeng	BL-RD3
		Putih	PU-RD1 ~7
		Batang	BA-RD1 ~ 8
		Bebeng	BE-RD1
3	Balerante	Kuning	KU-RD2
		Woro	WO-RD2

b) The JO's temporary observatory

The JO will establish temporary monitoring observatory to monitor the upstream condition of river such as the change of water flow and level, rain fall and weather. It will provide the information to site as promptly as possible in case debris flow or other disaster caused by intensive rain fall or volcanic activity is likely to take place. A monitoring observatory will be built at three to five kilometers away from uppermost stream site location in each river. A watch man will be stationed at a monitoring observatory while any sites located downstream are under operation. HT will be used as a communication tool.

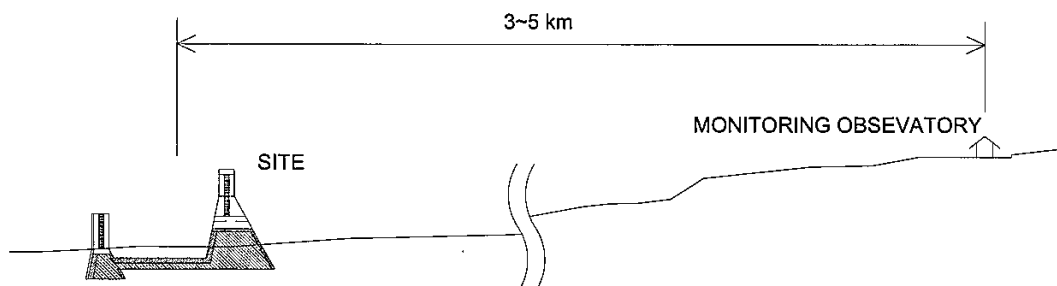


Figure 1. Temporary monitoring observatory

Partnership with Locals etc.

Case Example 7-3 ③

From 12 – Working Safety Plan

13.4.7.3 Emergency Network

Following figure shows the JO's emergency network. The JO will evacuate all workers, the JO's staff and equipment including the Employer's properties following this procedure.

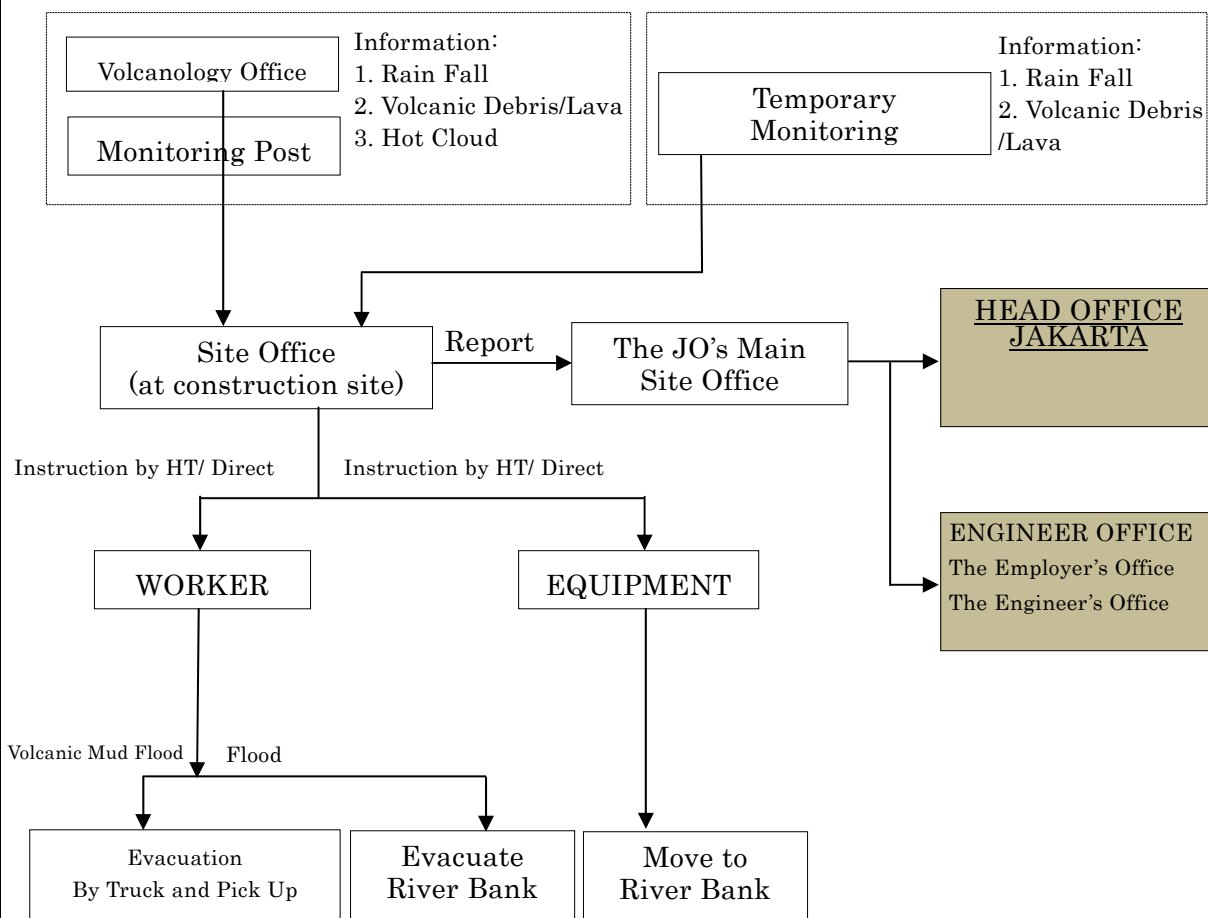


Figure 2. Evacuation Network

7.4 Case Example 7-4

(see also Case Example 2-4)

1) Outline

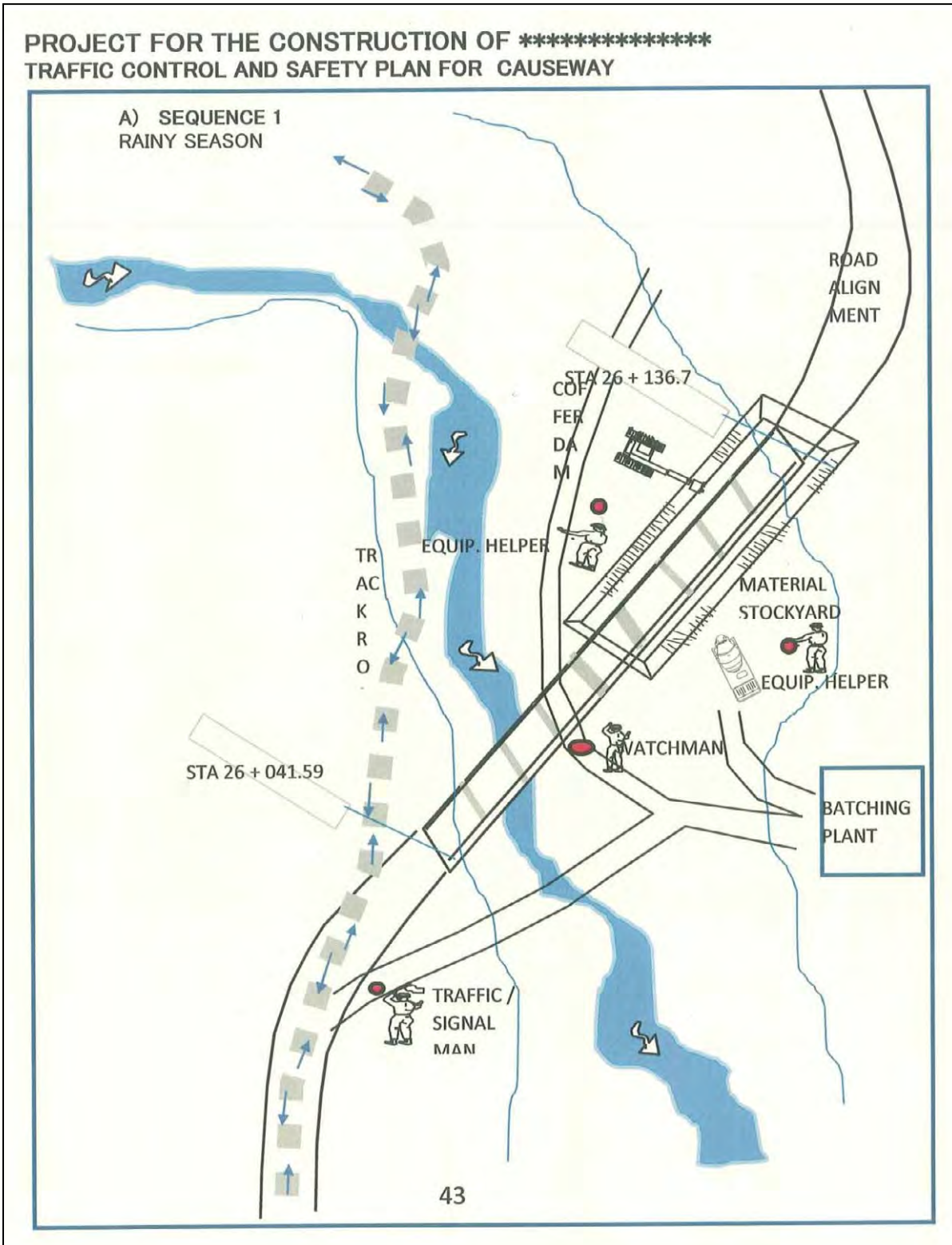
This is a document (traffic control and safety plan for causeway) which shows safety management in an area where there is a high possibility of landslides due to its geographical features and traffic accidents caused by external automobiles.

2) Case Example

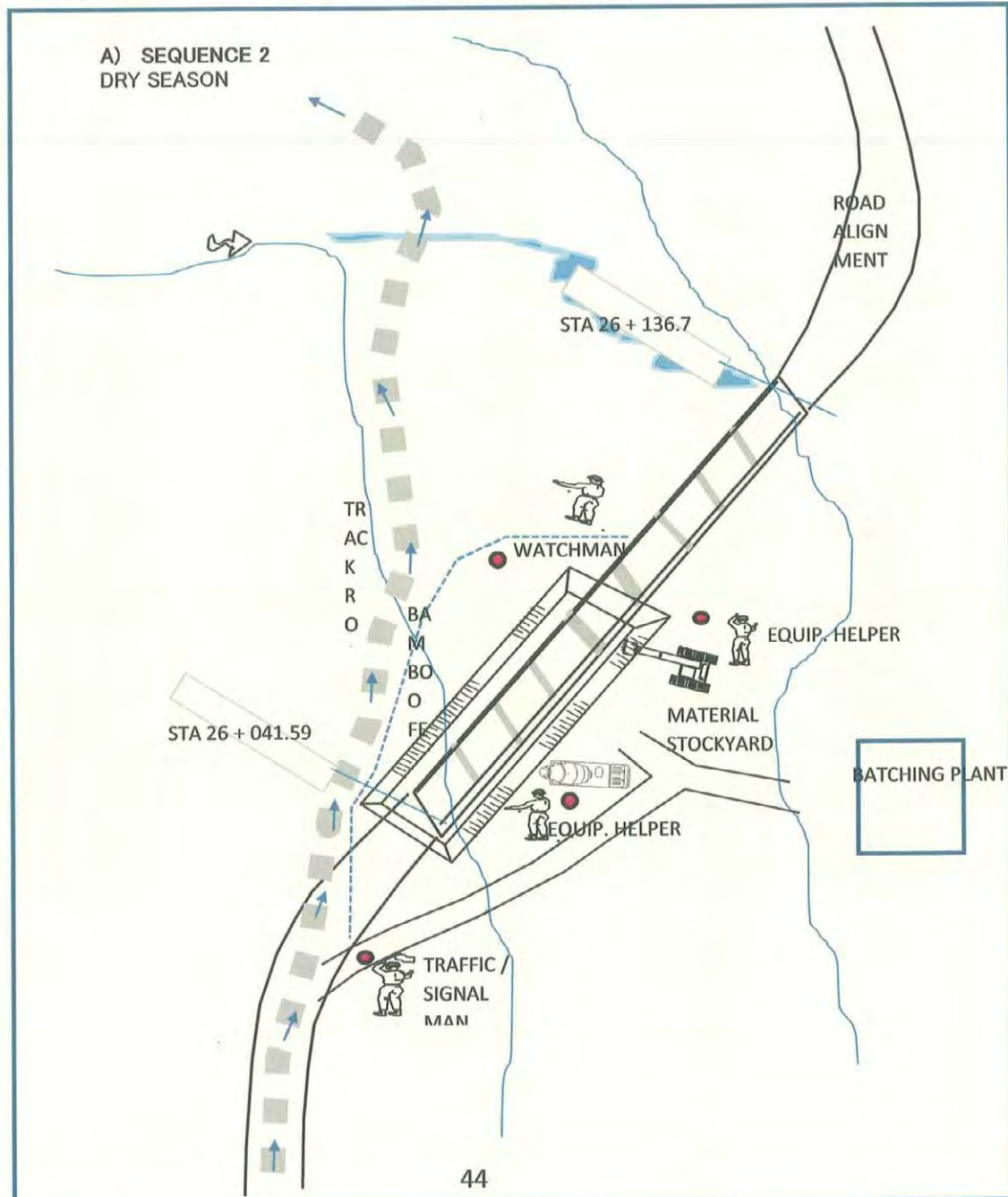
The Case Examples 7-4-1, 7-4-2 and 7-4-3 are on the following pages.

Partnership with Locals etc.

Case Example 7-4-1 ①

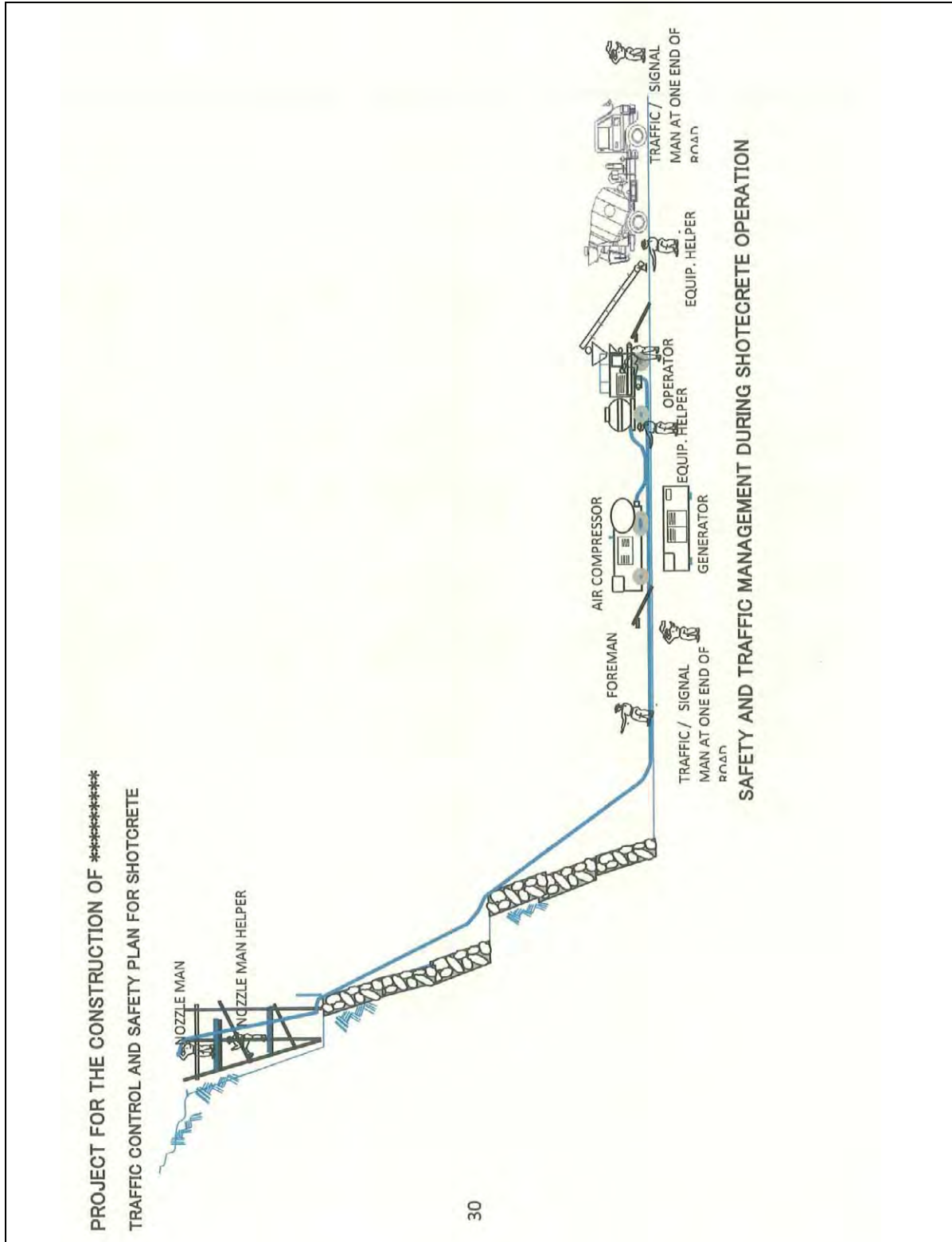


PROJECT FOR THE CONSTRUCTION OF *****
TRAFFIC CONTROL AND SAFETY PLAN FOR CAUSEWAY



Partnership with Locals etc.

Case Example 7-4-2



Partnership with Locals etc.

Case Example 7-4-3

